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THE MEDICAL ERA

A

MONTHLY JOURNAL OF MEDICINE

CH. GATCHELL, M.D.
EDITOR

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THE MEDICAL ERA

COMBINED WITH THE MEDICAL COUNSELOR.

DEVOTED TO HOMŒOPATHY AND THE ALLIED SCIENCES

VOL. IX. CHICAGO, JANUARY, 1891. No. 1

CH. GATCHELL, M.D. EDITOR.

WHAT IS A HOMŒOPATHIC PHYSICIAN?

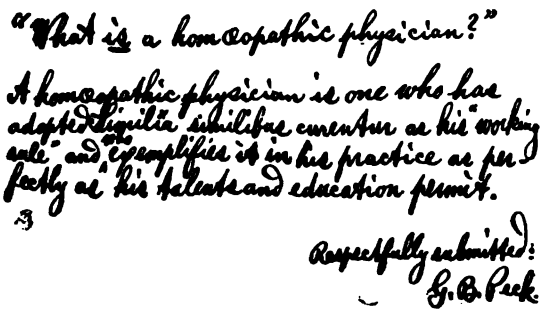
Definitions are good things.

It is well to define "homœopathic physician." THE MEDICAL ERA has made an effort to do so. Here is the result:

Last spring Dr. T. F. ALLEN of New York, gave this as his definition:

A homœopathic physician is one who believes that homœopathy affords the best means of curing the sick.

Not long since a Providence physician was moved to send us this postal card:


"What is a homœopathic physician?"

A homœopathic physician is one who has adopted Similia similibus curantur as his "working rule" and exemplifies it in his practice as perfectly as his talents and education permit.

Respectfully submitted,
G. B. Peck.

After receiving DR. PECK'S card we extended a general invitation to the profession to follow his example. Many did so.

DR. H. POMEROY, of Cleveland, Ohio, sends the shortest. He says that a homœopathic physician is—

One who prescribes strictly according to the law of *similars*.

DR. A. C. COWPERTHWAITE, of Iowa City, says, essentially, the same:

One who practices med'cine according to the principle of *similia similibus curantur*.

DR. N. EMMONS PAINE, of Westboro, Mass., allows a little more latitude. He says:

A follower of Hahnemann, practicing in accordance with *similia similibus curantur*, with certain exceptions.

DR. H. M. PAINE, of Albany, N. Y., opens the bars a little wider. He says:

One who endeavors to prescribe homœopathically in a majority of cases that he is called upon to treat.

DR. J. P. SUTHERLAND, of Boston, editor of our esteemed contemporary, the *New-England Medical Gazette*, would have "intention" and "habit" determine. He says:

A physician who intentionally and habitually prescribes medicines in accordance with the formu'a *similia similibus curantur*.

DR. CHAS. S. Mack, professor of materia medica, University of Michigan, would let one's *belief* be the determining factor. He says:

A physician who believes in *similia*. No definition more specific should be insisted upon. Individual homœopathists may more specifically define their individual views.

DR. GEO. E. GORHAM, of Albany, N. Y., first introduces the subject of graduation. He says:

One who has been graduated from a legally incorporated medical college, who unde stands the therapeutic law *similia*, and applies it when applicable wherever he is able to do so, for the relief and cure of disease.

DR. F. C. JENKS, of Brooklyn, N. Y., gives a succinct definition, as follows:

A physician who believes the law *similia similibus curantur* to be the best general guide to the successful treatment of disease, and whose practice accords with this view.

DR. A. G. BEEBE, of Chicago, sends a comprehensive definition, which is both sufficiently exact, and sufficiently liberal. He says:

One who treats diseases with remedies selected according to the law of *similia similibus curantur*, with the aid of such other measures as, according to his judgment, will contribute to his success in curing or relieving the sick.

DR. LAMSON ALLEN, of Southbridge, Mass., sends a definition which contains some food for thought. He says:

One who is thoroughly versed in all the departments of medical science, and who prescribes remedies for the *cure* of diseases according to the law of *similia similibus curantur*.

DR. WM. OWENS, of Cincinnati, O., leaves it to be inferred that *similia* is not all. He says:

One who administers drugs under the law *similia similibus curantur*, with the object of correcting morbid pro-

cesses in the organism, and by this means enabling nature to resume her normal function.

Dr. H. D. Champlin, of Cleveland, O., says:

One who not only treats the sick by means of drugs prescribed according to a law of selection, but places them under the conditions which are requisite for the normal performance of the functions of the body and mind.

Dr. Frank C. Drane, Dean of the faculty of the newly organized Southern Homœopathic Medical College, of Baltimore, says:

One who believes in and practices according to the law *similia similibus curantur*, so far as his experience teaches him that homœopathy is the best means to cope with disease; reserving, however, the right to use adjuvant measures when he deems such necessary.

Dr. A. L. Monroe, of Louisville, Ky., also leaves latitude for excursions into other fields. He says:

One who understands the homœopathic materia medica and prescribes according to its teachings. This, whether or not he occasionally makes use of some other scientific means of cure—mechanical, chemical, or the like.

Dr. Chas. E. Walton, of the Pulte Medical College, Cincinnati, O., gives a highly original definition, as follows:

A graduate of a legally chartered medical college, who selects his *drugs* according to the law of *similia*, and his *remedies* according to the consensus of the enlightened medical opinion of his era. This distinguishes him from the one who sees *nothing* in the law, and from the one who sees *all things* in it.

Dr. E. Lippincott, of Memphis, Tenn., President of the Southern Homœopathic Medical Association, includes the subject of dosage, but says nothing regarding measures outside of the Hahnemannian. He says:

One who subscribes and adheres strictly to the system of medicine instituted by Samuel Hahnemann, who exercises liberty of action in prescribing, according to individual experience, using the tincture, high or low dilutions, as may seem best suited to secure all the results to be obtained from medical treatment.

Dr. F. H. Orme, of Atlanta, Ga., ex-president of the American Institute of Homœopathy, is very specific regarding the liberty of a homœopathic physician to employ "other principles or practice which may be found useful." He says:

One who, being a physician in the full sense of the term, has the advantage of an acquaintance with homœopathic literature, and is a believer, to a greater or less extent, in the rule for prescribing enunciated by Hahnemann, of giving a remedy which has the quality of producing in the healthy subject a condition *similar* to that for which the prescription is made. He need not *exclude* any other principle or practice which may be found useful.

Dr. J. Heber Smith, of Boston, gives a definition which for originality is certainly unique. It covers the ground, and more too. The assurance that the homœopathic physician has "come to stay," is very gratifying and encouraging. He says:

The homœopathic physician is often a purely "local issue." He is an instance of natural selection, and more or less a rational idealist in medicine. He conforms his use of drugs, in curable cases at least, to those that he knows by provings on the well illustrate Hahnemann's now quietly accepted axiom—*similia similibus curantur*, and administers his remedies singly, and in the minutest doses needed.

In his associations he forms one of National and local societies pledged to purity and precision in therapeutics, and to absolute liberty in medical belief. With the tenacity of life, pugnacity and aptitude for colonization of the English sparrow, he is covering continents, and comes to stay.

Dr. E. Hasbrouck, of Brooklyn, N. Y., makes it very clear that one's failure to prescribe homœopathically in all instances, does not necessarily place him without the pale that surrounds homœopathic physicians. He says:

One who, when prescribing for a given case of illness, selects a medicine which, in its recorded provings, presents a similar totality of symptoms as is presented by the person to whom it is to be administered In addition I would remark that if one honestly attempts to apply the above rule in prescribing and fails, in some instances, to select the homœopathically adapted medicine, and prescribes otherwise, he should not be classed with physicians not known as homœopathic.

At the present time we shall make no extended comment on these definitions. The one thing that is most conspicuous is the fact that the large majority agree that, notwithstanding his occasional use of therapeutic measures outside of *similia*, a homœopath is a homœopath, "for a' that."

In a word, a homœopathic *physician* is a Physician!

It is noticeable, also, that *similia similibus curantur* is called, by some, a *law*; by another, a *principle*; by another, a *formula*; by another, a *rule*; and by another, a "*guide*." Again, no one except Dr. Peck gives the verb the potential form *curentur*, which Dr. Dudgeon says is correct, and the form that was used by Hahnemann.

We have received a great many more replies—a far greater number than it would be possible to publish. We wish to thank those who have thus favored us, and we trust that they will appreciate the fact that we have been obliged to stop somewhere in our efforts to reproduce them.

The doctrine of Samuel Hahnemann may be divided into two parts, viz., pathology and therapeutics. "Term for term, the one comprehends all his errors, and the other all his truths."—*Tessier*.

THE DOCTOR TALKS.

A few days ago I met the Doctor in the *café* of the Auditorium Hotel, where, as he told me, he had stopped to get "some of the best-cooked soft-shell crabs in the city." I took a seat at the table with him, and ordered a bottle of hock, in the disposal of which I asked him to join me. He hadn't taken two sips before he began to talk. The first thing that he did was to call my attention to an item in a paper that lay beside his plate. He then handed the paper over to me, indicated the item with his finger, and asked me to read it, which I did.

*
* *

"Now," said the Doctor, after I had read a few lines, "I don't believe that statement at all. It is preposterous; it is absurd. It is a good plan to make a habit of questioning statements and interrogating facts. I always do so. Before trying to explain a thing, I ask, 'Is it true?' Only last week I had an experience that taught me the lesson anew. The daily papers contained an item among the associated-press dispatches about a man's having been buried alive down in Ohio. Here it is," said the Doctor, drawing from his vest pocket a little slip of paper. "I cut it out and saved it."

The doctor handed it across to me. It read:

FOUND TO HAVE BEEN BURIED ALIVE.

An Ohio Man Lowered Into a Grave Before Life Was Extinct.

NEW PHILADELPHIA, O., Dec. 17.—Fred H. Leider, who took an overdose of morphine Dec. 13 and was supposed to have died, was buried Dec. 15. His brother, who could not get to the funeral, came to-day and wanted to see his body. When the coffin was opened it was found that the supposed dead man had been in a stupor and had come to life in the casket. His face was scratched, and the glass in the coffin broken.

"That was a little too much for me," said the Doctor. "I knew, well enough, that a man who had taken a lethal dose of morphine couldn't be revived by being encased in a tight box and buried six feet under ground, if he couldn't be revived on earth. The supposition is that the doctors who had him in charge exhausted all the usual methods called for by opium-poisoning, and to suppose, after these measures had failed, that the man would 'come to' after being hermetically sealed in his little wooden overcoat, is a story which may catch gudgeons, but it should never catch a doctor. Well, I wrote for information. I wrote to the proprietor of the local intelligence-office, the village postmaster. Here is the answer I got," said the Doctor, handing me a letter which he drew from his inside coat pocket.

Again I read. This time, as follows:

NEW PHILADELPHIA, O., Dec. 21, '90.

Dear Sir:—The report of Fred Leider being buried alive is false. He died Dec. 14 and was buried Dec. 15, but was not exhumed at all. The false report was started by a half-witted reporter of this place.

Respectfully,
DANIEL KORNS, P. M.

"Thus is another lie nailed!" exclaimed the Doctor, as I returned him the letter. "All of which indicates that it is a good thing to question statements. People are not buried alive half as often as live people imagine," concluded the Doctor, sententiously.

*
* *

"Did you read Koch's preliminary paper presented at the meeting of the International Medical Congress?" asked the Doctor. "No? Well, I did, and here is one thing that arrested my attention more promptly than a Chicago policeman ever arrested anything in his life. It reads:

"'The cyanide of gold in a solution of 1 to 2,000,000 arrests the multiplication of the microbes in cultures out of the animal organism.'

"Strange, is it not," continued the Doctor, "that our friends, the enemy, still deride our infinitesimals? There is a chance here for lots of philosophizing. It is possible to talk back and call attention to the fact that 1 to 2,000,000 is equivalent to the 6x attenuation of the homœopaths; that if the 6x of the cyanide of gold arrests the multiplication of certain microbes out of the animal organism, why may not the 6x of aurum muriaticum arrest diseased action on the part of certain brain-cells in a patient with melancholia?

"That is only a single question. There is chance for a thousand others. I don't want to exhaust the subject at a single *séance*, but I offer you this as a piece of gold unrefined, which you may hammer out until it is so attenuated that the leaf may be used to gild a sign which shall say—

PEOPLE WHO LIVE IN STONE HOUSES
SHOULD NOT THROW GLASS.

*
* *

"I saw a very funny thing this summer," resumed the Doctor, "which, I think, is worth telling. I was stopping for a while at a certain family hotel on Michigan avenue which was full of very nice people. Of course, there were some 'characters' in the house—go where you will, you'll find them. But the ones belonging to my story were a young lady who was very thin, an older lady who was very fat, and a middle-aged doctor who was very deaf. But the doctor's deafness, strange to say, did not seem to be any bar to his profession. This is something that I can't understand. If I were deaf, I would think

it fatal to success in medicine; I would retire on my earnings and become a money-broker, if it broke me all up. But this fellow, in spite of his deafness, had patients, and plenty of them, and they paid him big fees—all on account of his infirmity, I presume.

"Well, the lean little lady was the doctor's patient, and the big fat lady was the lean little lady's friend. One hot day the big fat lady was complaining to the lean little lady about her fleshy condition, and wishing that she could in some way reduce her avoirdupois. The lean little lady clapped her hands and cried:

"'O, why don't you try my doctor? He's perfectly splendid at such things. Just look at me!'

"Now, the deaf doctor hadn't been treating the lean little lady for obesity, at all, for she was one of those lank specimens of humanity that never have any more flesh on their bones than can be put into a kid glove, and the truth is, the doctor had been trying to fleshen her up. But, so far, he had met with very poor success, for another lady in the house told me, confidentially, that the lean little lady had lost several pounds since being under the deaf doctor's care.

"But, encouraged by the slender appearance of her bony friend, after some persuasion the big fat lady yielded, and the next time the deaf doctor came to the house he was called upon to prescribe for the new patient. This he did. He went out himself and had the prescription filled. He brought from the drug store a pint bottle of the vilest looking mixture that mortal ever took. This was all told me, in strictest confidence, by the 'other lady,' already mentioned.

"Well, the big fat lady took her medicine—a dessertspoonful after each meal—as the doctor directed.

"One day, at the end of about a fortnight, the big fat lady came home from a shopping trip, boiling with rage. She sought out the lean little lady, and, seating herself with her hands in her lap, cried out:

"'Well, I hope you're satisfied!'

"'What is the matter? Does n't it work?' asked the lean little lady.

"'Work! I should say it does!' said the big fat lady. 'I have gained just five pounds in the last week, and I can hardly button my dress! I don't care anything for you or your doctor; here is the bottle, and you may take the nasty stuff yourself, for you look as if you need it more than I do!' she concluded, as she arose and shuffled out of the room.

"And the story was told me next day by the 'other lady,' in strictest confidence."

All of which is truthfully reported by

SELAH.

ORIGINAL ARTICLES.

Written for the Medical Era.

THE HOMŒOPATHIC USES OF IODINE.

By RICHARD HUGHES, M. D.,
BRIGHTON, ENGLAND.

IODINE has alwas been a drug of great interest to me. As soon as I had grasped the homœopathic law, its employment in infantile marasmus occurred to me as a crucial application of the principle; and on putting this idea to the test, I had the most gratifying success. A wider and deeper study of its action displayed many other points of contact with idiopathic disease, some of which had been verified by experience while some remained to be tested; and everywhere I found it to do all that can be expected from a medicine. I cannot go quite so far as Dr. Heber Smith, who writes, "Let humanity continue to have water, fire, grain, common salt and iodine, and it cannot perish, and may even dispense with all other medicines, save only opium." Indeed, both the sentiment and the reservation smacks of the practice of the old school rather than that of the new. But I would place iodine in a line with arsenic and mercury as the three most potent remedies we draw from the mineral* world.

Iodine, moreover, seems to me an exquisite illustration of the homœopathic principle.

1st. It conforms to the maxim "*Magis venenum, magis remedium*" which is the first germ of the idea of healing by similars.

2d. It has a copious and, for the most part, trustworthy pathogenesis; without counting Hahnemann's contributions thereto, which, belonging to the *chronic diseases* period of his life, must be accepted with reservation, we have in the *Cyclopædia of Drug Pathogenesy* provings with small substantial doses or by external application on the part of nine persons, and thirty cases or observations of poisoning, acute and chronic. This is exclusive of two provings and twenty poisoning by kali iodatum, on which—as I shall presently argue—we are fully justified in drawing for the phenomena of "iodism" itself.

3d. Iodine displays almost throughout its operation that "contingent" character which is so dear to homœopathic therapeutics. It requires a special susceptibility on the part of the organism for the production of most of its characteristic effects. This was noted by one of its earliest employes, Guirdner,† who writes: "Some persons take it in large doses for a length of

*Trans. of Amer. Inst. of Hom., 1889, p. 344. I follow all writers on Materia Medica in so classifying iodine, though it is actually obtained from the vegetable kingdom.

†Memoire sur l'Iodisme. Paris, 1860.

time with perfect impunity. Others, from that peculiar undescribed and unintelligible state of constitution called by physicians an idiosyncrasy, are speedily and violently affected by very small doses." He is echoed by one of the latest to describe it, Dr. Ringer, who specifies the "very small doses" as a grain or part of a grain of iodide of potassium.

4th. In this last fact—the small doses required when susceptibility is present to induce its physiological effects—iodine once more links itself with peculiar fitness to our therapeia. Besides the evidence cited above we have that of Rilliet‡ who reports grave iodism from taking a ten-thousandth part of iodide of potassium in the table salt, and even from staying at the seaside, where it is calculated that from the fiftieth to the tenth of a milligramme is inhaled daily.

These being in my thoughts about iodine, it was with much pleasure that I saw it selected as the subject for study by the Bureau of Materia Medica and General Therapeutics at the 1889 session of the American Institute of Homœopathy. When I received the Transactions I eagerly turned to the report of that bureau, but must confess to great disappointment. My friend, Dr. Heber Smith, who filled its chair, tells us that the study of the drug was undertaken "with the intent to throw all possible light on its pathogenetic powers, to define its therapeutic relations to the many iodides in use, and principally to express by means of a rational analysis the value of its already published provings." The third of these ends was already attained in the analysis of the pathogenesis of the drug published by Drs. C. Wesselhœft and Sutherland; but of any approach to the first and second I think Dr. Smith will acknowledge his report to be altogether devoid. Dr. Hale, indeed, discourses on "The Unproven Iodides," while Dr. Cowperthwaite gives a "General Analysis of Kali iodatum," and Dr. John C. Morgan a "Comparison of Iodium and Kali hydriodicum in their Symptomatology." When we examine these papers, however, we find a lamentable *insouciance* as to the materials on which they are based. Dr. Hale, with our *Cyclopædia* in his hand, actually states that iodine "has a very imperfect and incomplete pathogenesis," and in constructing his "synthetic pathogenesis" of the iodides of silver and gold, instead of using the detailed provings and poisonings we have presented takes instead "the characteristic symptoms given by Hering and Cowperthwaite," which are not necessarily pathogenetic at all. Dr. Cowperthwaite§ is of course (as we have the advantage of his presence on our consultative committee) cognizant and recognizant of what the *Cyclopædia* has done for kali iodatum, but when he comes to his analysis he throws this overboard for *Allen's Encyclopædia* and *Hering's Guiding Symptoms* with like disastrous consequences. He even stultifies himself in so doing, for he (implicitly) bestows just censure on Dr. Allen for including Houat's symptoms in his pathogenesis, and yet we find Dr. Cowperthwaite (e. g. under the head of "Nose") giving among the chief characteristics of the drug some that have only this more than dubious authority to support them. Dr. Morgan's comparative list from the same causes is of a fearful and wonderful character. Houat's fictions are freely drawn upon, and the symptoms marked *o* are introduced with startling effect.‖ It is lamentable to see three such competent physicians missing a great opportunity, and wasting their strength upon apocryphal, incredible, uninstructive symptom-lists, just because they will use the vitiated material the *Cyclopædia* was designed to supersede.

Nor have the therapeutic applications of the drug gained much by this study. In the report of the Materia Medica Bureau there is hardly any personal experience brought forward, and only a few gleanings from our literature. The Bureau of Clinical Medicine adds something as to "Iodine and its Salts in Pneumonia," for which we may be grateful. But this is all! What a grand occasion it would have been for drawing up a complete collection of the clinical results obtained by iodine in our school, and getting this supplemented from individual observation by the members present! The occasion has been lost by the Institute, which can-

‡On the Effects of Iodine on the Human Constitution. London, 1824.

§Dr. Cowperthwaite challenges my statement that I am "quite unable to see any difference in kind between the physiological effects of iodium and kali iodatum." If he had said that he on comparing the two had come to a different conclusion, I should—from the respect I have for his opinion—have reconsidered my own judgment. Instead of this, however, Dr. Cowperthwaite traces my verdict to my being "somewhat inclined to follow old-school fashions," and is content by way of disproof to say that it is "not established upon the sound premises of homœopathic therapeutics." I would submit that this is a question of fact, not logical inference. Are the effects of kali iodatum specifically distinct from those of iodium, as those of kali bromatum are from those of bromium? I have examined the two sets of phenomena, and answer "No,' and I have nothing to do with any supposed requirements of the therapeutic system I adopt. In this I am only following the example of Hahnemann. He saw that such specific distinctness did exist between the effects of the carbonate and the chloride respectively of ammonium, magnesium and sodium, and gave them separate pathogeneses accordingly. But between those of the sulphate and acetate of copper, and also of the triturated metal, he found it absent, and therefore amalgamated the symptoms of each under the common heading of "Cuprum." We have not even done this with iodium and k. iod.

‖Thus, understanding (as usual) *o* to be the sign of a curative effect of a drug, we learn that iodine has exerted such influence upon "post-typhoid pain, valvular insufficiency, dilatation of right ventricle, hypertrophy of heart!"

not be expected to take up the subject again, but will not some State society retrieve the day and show by its treatment that we know how to study a drug exhaustively as well as do our colleagues of the old school?

It is to contribute my mite to the therapeutic side of the knowledge of iodine that this paper has been written, and it will be limited to the results of my own experience during the thirty years I have been at work.

I have headed the paper "The Homœopathic Uses of Iodine" because I do not intend to include those in which the solvent, destructive action of the drug is utilized, and where large doses achieve the best results. Such are the chronic indurations of syphilis, scrofula, rheumatism and gout, the old adenopathies of the same character, which require to be "melted down" by the drug in substance, too often to the injury of the person to whom they belong.

Dr. Cowperthwaite has tried to reclaim these clinical facts for homœopathy, but only by an expression of opinion, and as he has Drs. Allen and Heber Smith against him, I see no reason for reconsidering the question. I find nothing corresponding to such affections in the genuine pathogenesis of the drug, as I do with regard to those in which my satisfaction with its powers consists.

1. The most obvious thing about constitutional iodism is the rapid emaciation which sets in often accompanied with bulimia, always with quickened pulse, prostration and nervous erethism or depression. The analogy with phthisis at once suggests itself, especially when we consider the undoubted power which the drug has of congesting and even inflaming the lungs, and it is by following up this thought that I have obtained my best results with the drug. I do not mean that it will ordinarily or frequently check phthisis pulmonalis. I once hoped that it might, but too often disappointment in this and all other means have ensued. There are, however, numerous cases (more numerous than those of genuine phthisis itself) in which pulmonary affections begin to assume a phthisical aspect or to threaten phthisical developments, the constitutional condition sympathizing; and it is here that iodine finds its opportunity. Thus—I attended a young lady through whooping-cough. It was a severe attack, and twice in the course of it inflammation was set up within the chest, with high fever. The first time it was purely bronchitic, but on the second occasion there was dullness on percussion over the left apex, and imperfect resolution occurred. The breathing there remained noisy and gurgling, there was dyspnœa on exertion, some quickness of pulse and lack of strength and appetite, while the evening temperature always rose to 100 degrees or higher. An eminent chest doctor in London was consulted, and gave a gloomy prognosis. Fortunately his treatment (so far as it was adopted) disagreed, and the case remained in my hands. I now—the spasmodic cough needing no farther attention—put her upon iodine 6, four times a day, and with the most beautiful results. The fever (which had become higher than I have stated above) disappeared, the pulse quieted down, appetite and strength returned, and ere long the physical signs also ceased to manifest themselves.

Again—a little daughter of my own, who had had lobar pneumonia when quite a child, became the subject of one of those lobular pneumonias which the German pathologists have taught us to dread so much in view of a possible supervening phthisis. The cough of an ordinary catarrh did not subside as usual, but took on a spasmodic form. She had had whooping-cough some years previously, so I could not think of that. Ere long the temperature began to rise, and bronchial râles—hitherto absent—were heard here and there in the chest. She would then complain of considerable pain at some spot in the thoracic walls, and therewith the fever would become high, often 103 degrees, and the breathing embarrassed. There were no physical signs of pleurisy, nor indeed was any distinct pneumonic crepitation to be heard, but the symptoms left little doubt of an invasion of the lung substance, with perhaps its superjacent pleura, at the painful spot. This went on several times. Aconite and bryonia, with assiduous poulticing, got her through each attack, but neither phosphorus or sulphur, which I gave in the intervals, availed to check their recurrence. At last I put her upon iodine 3, and from that time, to use the colloquial phrase, she "never looked behind her." Her recovery was speedy, and now (this was three years and a half ago) she is as sound and strong as a father could wish.

Once more—a little girl caught cold and bronchial catarrh came on. I treated it in the usual way, but instead of improving she grew worse. The temperature ran up to 105 degrees and profuse sweatings occurred from time to time; while in the chest, though there was no dulness anywhere on percussion, I could hear at many spots crepitation mingling with the bronchial râles. I almost feared I had acute tuberculosis to deal with, but iodine solved my doubts. A drop of 3x dil. every two or three hours caused all the symptoms to subside, and a speedy convalescence ensued.

The two last cases were exceptional, but the first is a type of a number of others which crowd upon my mind as I write. I cannot too strongly urge the use of iodine, in strength proportioned to the patient's susceptibility, whenever pul-

monary inflammations take on a phthisical character.

2. Another affection which the wasting of iodism suggests is the marasmus of childhood. It is often called "tabes mesenterica," and although there is not always evidence of gross disease of the mesenteric glands, it is very probable that interference with their functions is the cause of the failure of nutrition in this malady. But however this may be, iodine is the prince of remedies in its treatment. There is always more or less hectic present, and this is the first symptom to yield; then the vomiting and diarrhœa, the last perhaps aided by a little arsenic, disappear, food is taken and health returns.

Since I have relinquished dispensary practice I have seen no developed cases of this malady. Lately, however, my attention was again called to the usefulness of iodine in similar conditions. The subject of my third pulmonary case, now married and residing at a distance, brought me her second baby for treatment. Artificial feeding had developed chronic dysentery, which nothing in old-school therapeutics, which alone she could command where she lived, was able to touch. I was away when she arrived in Brighton, and my friend Mr. Rean, who was acting for me in my absence, prescribed for the dysentery an infusion of the Indian plantain seeds, in which he has great confidence. The intestinal symptoms were so much improved when I returned that I made no change in this, but the emaciation, which was great, was not improving; there was fever at night, followed by profuse sweating, and the urine though copious, was very high-colored. Neither Mr. Rean nor myself could *feel* mesenteric enlargement, but there was little doubt of the function of these glands being impaired. I gave iodine in alternation with the anti-dysenteric. The 6th dil., which I first chose made no difference, and an opportunity I had of taking the temperature while the fever was on, showed it to be as high as 104°. I now changed to the 3x and immediate improvement ensued and progressed. I was able to send the child home in very good condition, which he has since maintained.

3. I have said so much of fever in connection with these states that a case is worth mentioning where this was the only symptom present and quite unaccounted for. It was a little boy, resident in Paris, and over here for a change. He had been ailing, but with nothing definite the matter for some time, when I was asked to see him. I could find nothing wrong in chest or abdomen, but his temperature was 101° that morning, and I have little doubt that it rose higher at night. As he had been given aconite domestically and the symptoms did not specially call for that anti-pyretic, I prescribed gelsemium. Two days' use of this remedy, however, was without effect, and belladonna given for two days more proved equally fruitless. I now determined to give iodine, and the 3x dil. was administered in drop doses four times daily. The effect was most satisfactory, and I soon left him convalescent. I imagine that there must be some smoldering irritation here, in the lungs or elsewhere, undetected by physical exploration, but revealed by the fever, and that the iodine must have extinguished this, and so put out the fire that was wasting and weakening the little man's frame.

4. Another very important application of iodine is its use in affections of the pancreas. Rademacher and his follower Kissel have directed attention to the specific action upon this gland when in a morbid state, and its analogy with mercury in its influence on the salivary glands suggests that it, like its fellow, can set up pancreatitis, and is therefore homœopathic to the chronic affections of the gland which the organopathists have cured with it. ¶In the same direction points the fact that the somewhat large doses administered by them are not always necessary. The following rather interesting case will illustrate the point:

I was asked on the 7th of November, 1889, to see a gentleman in government employ in India, who had come to England for medical advice. His illness had commenced in the middle of the previous August with black stools and pains in the abdomen. The latter continued to distress him, shifting from front to back (loins), and also to the right side; the left side was always free from pain. He was unable to lie on the back or on the right side, but could always do so on the left. He rapidly lost flesh and strength, and toward the end of September came to England. He had consulted two leading men of the old school before I saw him, and their opinion, with which I was not made acquainted prior to giving my own, was such as to make his wife desire further aid. The lady is qualifying for Lady Dufferin's zenana medical service, and from her own experience is favorably disposed toward homœopathic treatment.

I found a tall man of about sixty, of grayish complexion and emaciated to a degree. He might have sat for Don Quixote. He complained of severe pain coming on one to two hours after each meal and lasting during the remainder of digestion. There was no vomiting, but frequent nausea accompanied by flow of saliva. Pulse was slow, large and empty. On examining the abdomen I found tenderness over the region of the pancreas, and on deep palpa-

¶It is possible that some of the wasting caused by iodine is due to interference with the pancreatic functions, which have so much to do with the assimilation of fat.

tion could feel the gland enlarged and indurated. I accordingly gave my opinion that there was undoubted pancreatic disease, which would account for the pain and wasting, that it too probably was malignant, but *might* be simple chronic inflammation, that the somewhat rapid onset rather favored the latter more hopeful view, and that treatment based upon it was indicated and warranted. I was now informed that the two gentlemen consulted had concurred in pronouncing the affection cancer of the pancreas, beginning to involve the pyloric end of the stomach, and in declaring the case hopeless. Their prescriptions were bismuth or carbolic acid with opium.

My views remaining unchanged, I was asked to take charge of the case. I prescribed iodine 3x, three drops night and morning, and to relieve the pain two 3-drop doses of atropinum sulphuricum in the same potency to be interposed. These remedies were taken regularly till December 20th, when the patient was so much improved that I allowed him to return to India, which he was very anxious to do. Besides diminution of pain, and improved appetite, the chief feature of these six weeks was the occurrence of frequent attacks of diarrhœa—the stools profuse and watery. They were at one time examined microscopically by Mr. van S—, and fat globules and shreds of membrane found in them. Regarding this as a flux of relief (I have seen a similar thing happen when a congested liver was undergoing resolution), I did nothing against it but give two drops of iris versicolor after each, Dr. Burt's proving of and experiments with this plant forcibly suggesting its pancreatic action.** This always moderated it.

The remainder of the narrative I give in Mr. van S—'s own words: "During the voyage I suspended all medicine except the iris, which I took to stop diarrhœa when it occurred. I took a cold at sea, and on arriving at Bombay went to S. Jelovitz, who practices homœopathically there. He examined me and said my left lung was slightly affected, and prescribed phosphorus. He agreed with the diagnosis of pancreatitis, but thought my case was serious. On arrival at my destination I recommenced the iodine and in four days was quite rid of the cold on the chest, and lung affection. After this, diarrhœa again set in, lasting longer than on any previous occasion. I had for about a week two or three motions every morning, which much weakened me, but pain during this time almost ceased. I took the iris after every motion, and one dose of the iodine daily. After the diarrhœa had subsided scarcely any pain occurred, motions were regular and natural, flesh and strength returned, and I now (February 7th) feel myself quite restored to health."

I saw during the summer a photograph of my patient which he had sent home to his wife, and no one could look better than he must have done when sitting for it.

There are several minor troubles, as catarrhal deafness, scurfy scalp in strumous children, etc., for which I habitually use iodine, and rarely with disappointment; but what I have said above is the contribution I desire to make here to the homœopathic uses of the medicine.

36 Sillwood Road.

**See Cyclopædia of Drug Pathogenesy, III, 18, 26.

PERSISTENT DANDRUFF, ACNE, and the SEBORRHŒA OF UNNA.

By EDWARD BLAKE, M. D.
London, England.

Part I.

BEFORE leaving town for my usual summer holiday, I observed in the correspondence columns of the London *Lancet* a request for a cure of obstinate dandruff.

If that correspondent should chance to see this somewhat tardy reply, it may interest him to hear that some months ago I was made acquainted with a method of meeting this troublesome disease, by a medical friend, Dr. Shuldham. I must admit that the plan has proved to be a remarkably successful one. Cases which had been running a tedious course of years' duration untouched by ordinary treatment have, provided the heart-action be good, shown marked improvement ere a week has elapsed, and have soon after reported a cure.

This question of dandruff is not quite so simple as we might suppose. Its natural history, whilst full of interest, is really very complex.

There is still a great deal to be learned as to the precise pathology of various forms of dandruff; on the other hand, the researches of Unna, of Hamburg, have thrown a large amount of light on the subject and have at least taught us how much there is still to be known about this much neglected disorder.

To Unna, I believe, belongs the credit of first pointing out that dandruff is essentially parasitic, and, therefore, contagious. This has been confirmed in the fullest manner by excellent clinical evidence. There seems to be little room for doubt that scurf does not usually appear spontaneously, that it is conveyed from a definite source.

The hairdresser's brush and the toilet accessories of hotels, clubs, etc., are probably frequent offenders amongst men.

With the other sex, a possible method of convection is as follows: A maid-servant uses her mistress' hairbrush, and after a certain lapse

of time the lady's scalp begins to itch, especially along the line of parting. From the mother it does not take long to spread to the children. It is possible that a microphyte may actually enter the sebaceous follicle, attached to a hair-sheath, setting up the severe irritation and its accompanying phenomena, to which Unna has given the name of "seborrhœa." But the following course appears to be more probable.

A given person labors under a certain dyscrasia, often associated with an indolent heart action. In this state the sebum thickens from a fluid oil to a solid fat, as it does in acne.

The orifice of the follicle becomes blocked with this fat, and with accumulated epithelial cell-débris.

An appropriate nidus is thus formed for the retention and elaboration of the microspore, the clinical sign of its nidation and development being intense itching.

The sebaceous secretion from this time grows more and more dense and consistent. Degenerated epithelium cells are proliferated with great freedom, and at last the formation of sebum is altogether abolished.

After this three sequent phenomena may be recognized:

1st. The hair grows dry, harsh and brittle, owing to the arrest of secretion of the normal sebaceous material.

2d. The copious production of epithelial scales in and near the mouth of the sebaceous duct, leads to great accumulation around the hair, which, compressed and strangled, soon breaks off.

The third and last process is as follows: Vast accumulations of imperfectly formed and badly elaborated epithelium scales, having first filled the cavity of the root-sheath, begin to protrude from it in the form of a domed hillock, brownish gray in color. These can be readily detected in advanced cases by the unaided eye. These camel-colored hillocks are formed of diseased epithelium scales, loosely held together. When scattered by the nail, applied to relieve the itching, or by the hairbrush, they form the bran-like material commonly called "scurf." These scales may themselves be the carriers of contagion.

We often find them spread over much larger geographic areas amongst the gentle than we do with the simple. Amongst the ladies they are soon removed and freely disseminated by diligent brushing.

I have seen them deposited on the outer portion of the eyebrow, and it may occasionally be seen that the hair of that part has perished. The intermammary region is a very common site.

Again they are sometimes arrested in their downward course by the prominent upper portion of the breast, where the crescent of brown patches which they give rise to may be mistaken for pityrians or for chloasma. This condition is sometimes called "lichen circumscriptus."

The brown spots are frequently seen on the shoulders and in the interscapular area.

Many gaps in the minute pathology of this much neglected disease remain to be filled, but enough has been said to show that there is no royal road to the cure of "dandruff." To be able to cope successfully with this complaint, it is needful to study its natural history.

Dr. Shuldham's treatment is as follows:

The head should first be well washed with hot water and alcohol soap. Alcohol soap consists of

Sapo mollis pur.	℥ii;
Spirit. vini rect.	℥iss;
Olei lavandulæ	mx.

This formula seems simple enough, but it is very difficult to get this soap properly prepared. One reason for this is that a large amount of cotton oil is now introduced into this country and sold with the addition of a little olive oil as "best Lucca."

The soap is afterward carefully washed away with plenty of hot water, and the head is then thoroughly dried by means of a warm soft cloth.

When the head is quite dry a glycerole of tannin, strength ten to thirty grains to the ounce, according to the gravity of the case, should be freely and firmly rubbed into the scalp. If tannin fail, resorcin may be tried, but tannic acid generally does the work.

This process should be repeated once, twice or thrice a week, as the symptoms may require.

After the total removal of the dandruff, a daily dressing with carbolic oil favors the growth of fresh hair.

Phenol absolute	gr. x;
Olei cinnamonii	℥j;
Olei olivæ,	℥j

Warm together and decant off. Apply freely every day.

[Part II. of Dr. Blake's very instructive paper will appear in the February ERA. It is entitled "Acne and its Relations with Intractable Dandruff."—ED.]

Phthisis, diphtheria, erysipelas, septicæmia, and their congeners prey upon defenseless mankind and count yearly their victims by hundreds of thousands, while over the diseases of his domestic animals—chicken cholera, hog cholera, anthrax, pleuro-pneumonia—man has become to some extent the master, being more solicitous for his wealth than for his health.—*Dr. Jonathan Wright.*

AGARICUS MUSCARIUS. A LECTURE.

BY CHAS. S. MACK, M. D.

Ann Arbor.

OTHER names of this plant are bug agaric, fly agaric and amanita muscaria. It is one of the most poisonous of mushrooms, and may be found in pretty much any part of the world. There are on record many cases in which agaricus muscarius mistaken for an edible mushroom, has caused serious poisoning; in some of these cases the poisoning has been fatal. In this country mushrooms are not a very common article of diet, but in many portions of Europe, "especially in Poland and Russia, they form the most important part of the food of the common people; and in the latter country whole tribes are mainly supported by them, scarcely any species, except the dung and the fly *agarics*, being rejected. Even those kinds which are elsewhere refused, by common consent, as poisonous, on account of their extreme acridity, are taken with impunity, being extensively dried, or pickled in salt and vinegar, for winter's use." (*a.*)

Agaricus muscarius contains the alkaloid *muscarine*, which seems to be its chief active ingredient; this alkaloid is a syrupy body soluble in water, and still more soluble in water to which has been added a little acetic acid or vinegar. That muscarin is soluble in water is illustrated in Dr. Pouchet's experiment; he gave to a dog a quart of water in which five mushrooms of the species we are studying (agaricus muscarius) had been boiled. It killed the dog in eight hours, but the boiled fungi themselves had no effect upon other dogs. (*b.*)

While, then, it seems probable that even this mushroom thoroughly boiled and then carefully washed, might be eaten with impunity, you noticed in the quotation above that this particular fungus is rejected by the Russians, who do cautiously prepare and then eat many mushrooms usually regarded as poisonous.

In the study of this alkaloid, muscarin, we come upon two statements illustrating the progress which has been made in the science of chemistry. The first is that muscarin may be synthetically produced; the second is that the alkaloid, muscarin, as found in fungi is identical with the ptomaine, muscarin, formed by the putrefaction of organic matter. (*c.*) I think it fair to question whether artificial muscarin is identical with the natural product. (*d*)

That the Kamtchatkhans indulge in agaricus muscarius as an intoxicant is well known. "The inhabitants of the northeast part of Asia use agar. musc. in the same manner as wine, brandy, arrack, opium, etc., are used by other nations. The fungi are collected in the hottest months, and hung up in the air by a string to dry. The usual mode of taking the fungus is to roll it up like a bolus, and swallow it without chewing, which (the Kamtchatkhans say) would disorder the stomach. One large or two small fungi is a common dose to produce a pleasant intoxication for a whole day, particularly if water be drunk after it, which augments the narcotic action. The desired effect comes on from one to two hours after taking the fungus. Giddiness and drunkenness result in the same manner as from wine and spirits; the cheerful face becomes flushed, emotions of the mind are at first produced, involuntary words and actions follow, and sometimes, at last, an entire loss of consciousness. It renders some remarkably active, and proves highly stimulant to muscular exertion; by too large a dose, violent spasmodic effects are produced. So very exciting to the nervous system, in many individuals, is the fungus, that its effects are often very ludicrous; a person under its influence wishing to step over a straw, takes a stride, or a jump sufficient to clear the trunk of a tree; a talkative person cannot keep silence or secrets, and one fond of music is perpetually singing. (Langsdorf, *Ann. d. Wetteranischen Gesell f. d. Ges. Naturkunde.*") (*e*).

In cases of serious poisoning by agaricus muscarius the most marked effects, besides vomiting and purging, are those usually manifest through the nervous system, such as vertigo, delirium (sometimes ludicrous, sometimes maniacal), stupor, coma, tremor, spasmodic twitchings, convulsions. "There are even numerous cases on record, in which the gastric and intestinal symptoms have been only secondary, while disturbances of the central nervous system formed the more prominent main features." (*f.*) No lesions are recognized postmortem as characteristic of poisoning by this drug.

A very full record of this drug as a pathogenetic agent is to be found in the Cyclopædia of Drug Pathogenesy. The provings therein contained were made upon twenty-four individuals,

a, Wharton and Stillé's Medical Jurisprudence, Fourth edition, vol. II., p. 300.

b. *Ibid*, p. 301.

c. Brunton's Pharmacology, Therapeutics on Materia Medica. Adapted to U. S. P. by F. H. Williams. Third edition, pp. 99, 100.

d. S. O. L. Potter (Materia Medica, Pharmacy and Therapeutics [1887], p. 48), says it is doubtful whether the former is as active as the latter, and Brunton (p. 1068) says that artificial muscarine differs from natural muscarine in that the former paralyzes the ends of the motor nerves, and that artificial muscarine is not completely antagonized by atropine as natural muscarine is.

e. Cyclopædia of Drug Pahotgenesy, Vol. I., p. 195.

f. Von Boeck in Ziemssen's Cyclopædia, Vol. XVII. p. 929.

some of whom proved several times; most of these provings were made with a mother tincture or with low dilutions. There are in this cyclopædia besides these provings a number of cases of serious poisoning—some fatal. Chiefly from the records in the Cyclopædia I have constructed the chart before you of

Unmodified Dynamic Effects of Agaricus Muscarius upon Human Beings.

[Characteristics are italicized. Numbers refer to text below.]

HEAD, MIND AND NERVOUS SYSTEM.—Hypersensitiveness of and abnormal sensations (as formication, itching, etc.,) in scalp. Cross, irritable, quarrelsome. *Vertigo, drowsiness, yawning. A lazy, stupid condition, in which it is difficult to fix the mind upon subjects of thought or study. A feeling of confusion in the head. A feeling throughout the body of weariness and exhaustion.* Intoxication, at first exhilarating—later depressing. Delirium, gay, loquacious, silly, sometimes maniacal. Hallucinations, stupor, coma. Convulsions, tonic or clonic—sometimes epileptiform: sometimes trismus. Restlessness in sleep. Determination of blood to the head, with flushed face and a feeling of weight in the head[2].

EYE. Myosis with a loss of focalizing power[3]. and [4].

EAR. Cerumen increased, with itching in auditory canal, and sounds of roaring or as of something snapping.

ALIMENTARY TRACT. *Salivation.* ([3] and [4].) Nausea and vomiting. Flatulency (sometimes extreme, with distension of abdomen). Colicky or pinching pain in the umbilical region. Diarrhœa.[5] Stools containing mucus and blood.[6] Tenesmus. Hemorrhoids in those disposed to them. (?) [7].

RESPIRATORY SYSTEM. Feeling of oppression in the chest with difficult, sometimes hurried breathing. Cough, sometimes dry, sometimes with slight expectoration of mucus.[8]

CIRCULATORY SYSTEM. Beating of heart so forcible as to jar the hands or other parts of the body. Palpitation of the heart. Pulse irregular, sometimes intermittent. In serious poisoning pulse may become scarcely perceptible.

URINARY SYSTEM. *Frequent and urgent calls to urinate*[9]. Increase in amount of urine passed. At times a diminution in amount of urine passed.

SKIN. *Copious perspiration.*[10]

OTHER EFFECTS. A feeling of pressure behind the sternum. *Feeling of coldness or chilliness in various parts of the body, especially in the back and legs.* Sensations as of drawing or tearing, most frequently in sacral or lumbar regions or in the extremities.

1. Vertigo is frequently recorded by provers, and experienced by the Kamschatkans who use the poison as an intoxicant. A girl, aged eight years, ate one bug agaric in the evening and six more at three o'clock the next afternoon. About five o'clock, while moving across the room, she "cried out that she felt giddy, and instantly fell down senseless and motionless," etc., etc. *g*

2. "One-thirteenth of a grain (five milligrammes) of muscarin produces in the human subject myosis, loss of focalizing power, abundant secretion of saliva, determination of blood to the head, flushed face, perspiration over the whole body, giddiness, anxiety, griping and rumbling in the bowels, and weight in the head. (Schmiedeberg)." (*h.*)

3. Ringer and Morshead made a number of experiments upon four men who "were not in good health," and upon the lower animals with muscarin synthetically prepared, and Ringer, comparing it with pilocarpine, says, "Whilst muscarin thus so closely resembles pilocarpine in its action on the body, in one respect it strangely differs. Administered internally, either by the stomach or subcutaneously, pilocarpine slightly contracts the pupil; topically applied to the eye it strongly contracts the pupil. Muscarin, given hypodermically, contracts the pupil far more than pilocarpine; but, strange to say, when applied to the eye itself, it widely dilates the pupil. Thus, while it is so generally antagonistic to atropia, in this one respect it is similar. In respect to its action on the pupil it corresponds to gelsemium, which, administered by the stomach, contracts the pupil, but applied locally widely, dilates it." (*i*)

4. Increase of saliva is repeatedly recorded in provings. In Ringer's account of his experiments with artificial muscarine given hypodermically to men, he says: "*Salivation* was not so constant as perspiration; moreover, the saliva varied in quantity more than the perspiration, corresponding in this respect to pilocarpine. Salivation occurred in eleven experiments, and was absent in four. In three it was slight, in the rest free or profuse. It began in from two to fifteen minutes, and lasted from twenty to eighty minutes."

5. In serious poisoning vomiting and diarrhœa are common. In the provings in the Cyclopædia of Drug Pathogenesy nausea is frequently recorded—vomiting rarely—diarrhœa often. As bearing upon the question how far these gastro-intestinal symptoms may be due to local irritation, and how far to systemic poisoning, I quote from Ringer of his experiments with *hypoder-*

g Cyclopædia of Drug Pathogenesy, Vol I., p. 190.
h Ziemssen's Cyclopædia, Vol. XVII., 930.
i Ringer's Handbook of Therapeutics. Eleventh edition, p. 492.

mic injections of artificial muscarine: "In the cases in which it purged the injection took effect in from ten to twenty minutes. In two experiments the drug excited an inclination to pass a motion; in four experiments on the same man it produced a loose motion, one of a green colour, though his bowels were opened naturally a short time previously. * * * In three of our experiments made on one man with the larger doses, the drug induced vomiting once, and once nausea."

6. It is not common for the stools to contain much mucus or blood. See Ringer, p. 489.

7. See Cyclopædia of Drug Pathogenesy, Vol. I., pp. 144, 149.

8. Cough is recorded, though not by many, in provings in Cyclopædia of Drug Pathogenesy. Ringer's hypodermic injections of artificial muscarine induced a frequent hacking cough in five of his subjects.

9. In provings in Cyclopædia of Drug Pathogenesy frequent and urgent call to urinate is repeatedly recorded. From Ringer's hypodermic injections of artificial muscarine "in five experiments the patients were obliged to pass urine in from nine to fifteen minutes after the injection, and two complained of suprapubic pain."

10. In provings of agaricus muscarius recorded in the Cyclopædia of Drug Pathogenesy, *copious perspiration* may be found. This same effect is induced, too, by muscarine (see note 2 above). Of artificial muscarine hypodermically given to man, Ringer says: "Sweating occurred in eleven of the thirteen experiments. Half a grain always made it free, whilst larger doses, as three-quarters of a grain or a grain, rendered it very abundant; quite as free, indeed, as the perspiration excited by a third to a half a grain of pilocarpine. After the larger doses the perspiration stood in large drops on the face, the night-dress became soaked, and the skin felt sodden. In one man, though we gave one-third of a grain and one grain respectively in two experiments, we produced no sweating, but free salivation, amounting to four ounces. Perspiration began in from three to fifteen minutes, occurring earliest after the larger doses. It lasted from half an hour to an hour and a half. On testing the reaction of the sweat in six experiments we found it neutral in four and alkaline in two."

THERAPY.

It does not occur to me to suggest as useful any non-homœopathic practice with agaricus muscarius. For suggestions as to homœopathic practice with it further than the always pertinent suggestion *give it when indicated*, I refer you to the writings of Hempel and Arndt, Hughes, Farrington, T. F. Allen and ether homœopathists.

In treating a patient poisoned with agaricus muscaricus, emetics, the stomach-pump and alcoholic stimulants might be indicated. As agents dynamically antagonistic, atropine, digitalis and eserine have been suggested; indeed it is said that the best instance known of dynamic antagonism is that between atropine and muscarine. My belief is that attempts at dynamic antagonism are generally not promising; if I made such attempt in this particular instance, it would be with extreme caution. As bearing upon the question of dynamic antagonism, I would remind you of considerations which I presented while discussing *contraria* in the lectures introductory to this course.

PUDENDAL HEMORRHAGE.

By W. S. WHITE, M. D.

CHICAGO.

PUDENDAL hemorrhage does not receive much attention, and yet it is a subject that will occasionally tax the practitioner's skill and patience to the fullest. Text-books give it but passing notice, and very little is written about it either in our reference books or journals. For the benefit of those who may never have witnessed a hemorrhage of this kind I have detailed my experience in several cases.

It is needless for me to give a minute description of the anatomy of the female genitalia, as most practitioners are now over-burdened with literature on that subject. The structures about the pubis are largely composed of erectile tissue, and are very vascular. The labia majora, labia minora and the tissue around the urethra contain large plexuses of veins and several important arteries. The venous plexus of the labia minora and about the urethra will be of special interest in connection with the present topic. This plexus lies on the internal side of the labia minora, and extends as far as the clitoris, including the tissues around the urethra. It empties into the pars intermedia of the bulb; the bulb empties into the vaginal plexus, and the vaginal plexus into the internal iliac vein.

During parturition these veins are distended to their full capacity, especially when the head is well down upon the perineum.

With the head well engaged and the forceps in place, or while attempting to apply the forceps, should the patient suddenly throw her legs upward, striking the doctor's arm, or catch hold of his hand or arm in such a way as to bring the handle of the forceps forward and strike the pubis, it can readily be seen how easy it would be for the hard handle of the forceps to break the engorged tissue about the urethra, even by

a gentle blow; or, should a varicose condition exist, a large head, or even an ordinary head in a primipara, can, in distending the parts, readily separate the tissues at this point, because the tissues are less movable here than in any other situation.

The hemorrhage resulting from an accident of this kind will be profuse. At first it may be mistaken for the onset of a post-partum hemorrhage, or rupture of the circular artery, but by examining the parts the true state of affairs will soon be learned.

Do not delay, as fatal results can readily occur. Artery-forceps will not check the bleeding, subcutaneous ligation will fail, and styptics are practically useless, so do not waste time.

Separate the labia with the fingers of one hand while you pack the tear with a sponge or a piece of gauze, and press the material used for packing well up against the pubis. You will now have control of the hemorrhage. Then complete the delivery as rapidly as possible.

After the placenta is delivered and everything is right in other parts, look at the tissues internal to the labia minora, you will find a rent of considerable length as well as depth, in close proximity to the urethra.

See that the bladder is empty; render the adjacent parts aseptic; then remove the first packing and replace with a fresh piece of gauze made in the shape of a compress, about four inches long, one inch in thickness, and two inches in breadth. Retain this compress in position by applying a figure-of-eight (8) bandage. The figure-of-eight bandage starts from the right side. Make one turn around the abdomen; then pass over the right thigh; across the perineum; beneath the left thigh and around it, across the abdomen; under the back of the left side; and then over the left thigh, across the perineum, beneath and around the right thigh; across the abdomen; under the back to the original starting point, and so on. Apply this bandage snugly, so that pressure will be firm against the pubis.

If possible, do not catheterize your patient short of twelve hours, and then be sure that you have the meatus in sight before you attempt to pass the catheter.

The parts will be so discolored and raw that the urethra will not be easily found. In the meantime pressure must be kept up, as at this time the parts will bleed almost as freely as at the time of the accident. It takes from forty-eight to seventy-two hours to get the hemorrhage completely under control.

Every time the patient is catheterized the parts should be rendered aseptic, either with a solution of bichloride of mercury 1-4000 or a 2 per cent carbolic acid solution. If this is done, there will be little danger of sepsis, as the following cases will illustrate:

M. O'B., age 21; a strong Irish girl, of nervous temperament.

October 22, 1888, I was called when the patient had been in labor about eight hours. The membranes had ruptured, but the os was not dilated over an inch, and was very firm. At the end of twenty-four hours the patient began to grow very weak, and pains had practically ceased, while the head was wedged in the true pelvis. I gave her chloroform, and applied the forceps. Coming out from the influence of the chloroform a little, she caught hold of my hand, and in spite of my efforts drew the handle of the forceps forward, so that it struck the pubis. (The head was now down upon the perineum, and pains were quite strong again). Immediately after this accident I noticed considerable blood flowing from between the labia, and upon investigation found that it came from the tissues around the urethra.

I now sent for Dr. Rich, and made pressure with a piece of gauze, thus controlling the hemorrhage. Dr. Rich arrived just as the placenta was delivered.

We now turned our attention to the hemorrhage; artery forceps and subcutaneous ligation both failed to stop the flow, and styptics were useless. We then packed the wound, and applied the figure-of eight bandage as above described.

On the third day, temperature being 100.4 deg., I gave a glycerine enema, and the next morning the temperature was down to 99 deg., and never rose higher.

The packing was permanently removed at the end of sixty hours, all hemorrhage having ceased.

Patient was discharged cured Nov. 3, 1888.

Anna P., age 20. Is a strong, healthy domestic, the only physical defect being varicose veins.

April 3, 1889. Was called to the patient about 9 A. M. Found she had been in labor since about 10 o'clock the night before; pains were hard, and progress slow. At 4 P. M. the patient began to get tired and nervous; the head had now made its appearance with a sharp pain. As the pain died away and the head receded, I noticed a slight flow of blood, and on examination found that varicose veins were thick about the ostium, and that the dilatation of the vulva by the head, which was almost solid, had caused the tear.

With the next pain the tissues tore still more, and hemorrhage became profuse.

I packed the wound with a sponge, and made firm pressure against the pubis with my left hand. The baby was born with the next pain.

After the placenta was delivered, I catheterized the patient; then, after cleansing the parts with 1-4000 bichloride of mercury solution, applied a compress and figure-of-eight bandage.

The temperature never went above 99 deg. until the evening of April 22, when it reached 101.4 deg. Ordered a glycerine enema, as the bowels had not moved for three days, and in the morning the temperature was down as usual.

The packing was removed after seventy-two hours, with no return of hemorrhage.

Patient discharged recovered, May 1, 1889.

268 Warren Avenue.

CURE OF STRANGULATED HERNIA WITHOUT OPERATION.

By J. E. JONES, M. D.
WEST CHESTER, PA.

[Read before the Homœopathic Medical Society of the State of Penna.]

RECENTLY I was called in haste to see the five-year-old son of Mr. H. B., who was suffering greatly with a strangulated hernia of the left inguinal region.

The hernia had been produced some months before by the child's falling down stairs, but heretofore was readily reducible at any time by lying down. This time it was different; it remained out in spite of position or effort of any kind. I found taxis of no avail, but it caused much suffering, and although the boy bore the distress with great patience, nothing could be accomplished. The gut still protruded as much as before the attempt at its reduction had been made, and there seemed nothing to be done but to open the sac surgically.

This conclusion was stated to the boy's parents, who plead most earnestly that everything should be tried before that resort. Hours had been consumed in fruitless endeavors, and the reduction must be accomplished soon or dire results would speedily follow.

The boy was resting on a lounge which had a high arm or end to it. This suggested a change of position, with the hope that gravity would aid in the reduction. So, turning the patient around, and taking away any pillow from under his head, his limbs were drawn up, and over the arm of the lounge until the body of the patient was at an incline of at least 45 degrees, then taking some ether and mixing with it about one-fourth of its volume of tincture of Arnica with which a cloth was saturated and placed over the tumor, which was permitted to remain, occasionally being remoistened.

During this interval I was called away from this case, but on return found that the child had slept some, yet the enlargement did not seem to have lessened any in size; still it was not quite so tender in handling it.

Various remedies had been given internally, but we could see no result from them. He continued to take Nux vomica during this interval. Again the patient rested another hour, in the same position of body, with the same external application, with a slight softening of the enlargement, and more comfort to the child. About this time, while he was in this reclined position I used not taxis, but gentle pressure and rubbing in a direction to remove from the hernia any liquid or gas which might be confined in the knuckle of the gut, very gently gravitating it back into the unconstricted intestine. This added much to the patient's comfort, and somewhat more softened the hernia. Same application continued.

Thus, late at night, he was left until the morning, with nurse force enough to watch him every moment of the time. He slept much of the night, and in the morning was devoid of pain, and the tumor very much softened, the little fellow not complaining of the uncomfortable position, but accepting the necessity of it without a murmur.

About noon that day, nearly twenty-four hours after the violent symptoms of strangulation had commenced, the nurse in attendance heard the usual gurgling of the gut returning to the cavity of the abdomen, and the child was cured.

A proper truss was applied, and with ordinary care there is no doubt but that the hernia will be permanently cured before he passes two more years of his life.

This was a case of violent strangulation, and the urgency of its symptoms indicated an early operation to save the life of the patient.

While the ether and Arnica soothed the pain and excessive soreness of the parts, correcting the injury caused by the continued taxis, gravity was the main remedy in its relief. I cannot conceive how the application of the solution or the giving of the internal remedy could possibly have resulted in the good that followed, if the position of the body had not been such as to permit the drain of the gases and liquids from the constricted pouch.

Of course there may be another factor in the return of the displaced part, after the partial evacuation of its contents, that is, drawing by gravity, of the intestines in the cavity of the abdomen on the piece within the strangulation. This is a continued taxis with the correct application of the force, not from behind, which fills up the stricture yet more, but while lessening the bulk of the constricted gut draws it gently away from the sac, lessening the amount of the strangulated part.

Will not others try the same plan and report its success or failure to this society?

THE VALUE OF REMEDIES IN PELVIC DISEASES BEFORE RESORTING TO SURGERY.

BY SARAH T. COE, M. D.
WILKES BARRE, PENN.

(Read before the Homœopathic Medical Society of the State of Pennsylvania.)

IN the present general knowledge of medicine is it best to rely upon the indicated remedy for the cure of pelvic diseases and accidents, when surgery will do the work in less time, and with an approximate expense to the patient?

In the rush and push of business pressure, are we not drifting rapidly away from the hard study and clear discrimination which is required to successfully treat and cure diseases medicinally, when we resort immediately to surgical means for a cure, knowing that a knowledge of general surgical principles is all that is required? Are we justified in taking the slower process of cure when the surgical means are at hand? My reply would be, "We are, after plainly stating the case to the patient." If it seems to be a disease which is curable by the use of remedies, is it not our duty as homœopathists to try medicinal measures first?

In comparison of the two methods do we not secure to the patient a better and more permanent result generally by medicine than by surgery?

When we consider the class of patients carrying pelvic disorders, we find them largely with the nervous element predominating, naturally, or caused by disease, and to such the word "operation" is very formidable, and carries with it a shock to the nervous centers. Many times we get the reply, "I prefer the slower process, rather than take the risk of death by operation."

In those especially of a nervous diathesis, the resulting effect upon the mind is an important factor; when remedies are used the patients feel the curative processes at work in their systems, and coming into the presence of the medical adviser are assured, from time to time, that they are better and the medicines are doing all one could expect.

In the early and middle stages of ovarian difficulties we believe that many if not all the cases may be cured better by the use of remedies than by operation. Many cases of dysmenorrhœa may be cured by remedies and mental influence, where an operation with the dilator is now resorted to as the only means.

From ancient times mental influence has been used, and many diseases can be cured or relieved merely by making patients believe that they will soon be better, and by firmly implanting this conviction in their minds. The present interest in hypnotism depends chiefly upon its therapeutic value, and "suggestion" as the chief agent in it. Mental influence added to a well selected remedy may be an important agent in the treatment of all kinds of pelvic pain with a neurosis as its base.

My attention has recently been called frequently to neoplasms of the urethra and rectum cases which are very inviting to a surgical eye. The most common and the most interesting form which I have met has been the papillary polypoid angioma.

Here I have found bunches of dilated capillaries set in a moderately dense stroma of connective tissue, and covered with mucous membrane that had the usual pavement epithelium. They have varied in size from a pin-head to a hickory nut, and have been usually single.

The textbooks describe these growths under name of urethral caruncle, or vascular tumor of the urethra. As a rule, they bleed easily on touch, and they are exceedingly sensitive.

The patients have carried them for a long period without suspecting anything more than a slightly irritable condition of the urethra. When, however, the tumor becomes large, the urine is obstructed, and severe pain is caused by the act of micturition. These tumors, by constant moisture and friction become eroded on their surface, and the ulcerations give rise to hemorrhage. They are usually found in those with a lax condition of the urethral tissues, and a tendency to a varicose condition of the parts. One of my earliest cases of irritable caruncle, Miss S., a clerk, presented a congested condition of the urethra, with the neoplasm extending nearly around the meatus, plus a varicose condition of the rectum, as I now see, a clear case for the administration of Hamamelis, but as my text-books recommended extirpation, I applied cocaine and excised by the scissors. The case was slow in recovering, although remedies were given for the general condition.

Several recent cases of polypoid angioma have been treated entirely with remedies, with flattering and rapid success.

Miss O., several years past the climacteric, was suffering from anæmia caused by loss of blood. She complained of sharp pains, at times lancinating, not only in the urethra, but also in the back, hips, supra-pelvic region and thighs. China was given with some success, but to Hamamelis locally and internally belongs the cure.

Examination revealed a bright red tumor, size of a hickory-nut, extending around the meatus, nearly obstructing the urine, with the urethra dilated and pouching behind the tumor. From the posterior lips of the cervix uteri hung a fibro-cystic polypus.

Three years previously, during an attack of diarrhœa, she had given the symptom of bloody urine. It was a case very inviting to a surgeon, but wishing to test the effect of remedies alone, Hamamelis, fld. ext., was applied on absorbent

cotton to the angioma every night, while Hamamelis 1x to 3x were given internally every three hours.

The hemorrhage ceased, and decrease in size of the growth commenced at once, continued rapidly, no trace being left in three weeks.

Mrs. H., aged 63, did not feel well, tired out, had erosion of labia with fissure at superior raphé, with intense pruritus. Examination revealed a bright red tumor, size of a cherry, in the stage of ulceration, at the posterior position of meatus urinarius.

Sulphur 200 cured the pruritus. After this Hamamelis fld. ext., was applied to the tumor, and no medicine given internally. Decrease rapid and entire.

Recent cases of polypoid angioma of the rectum have not yielded to medicinal treatment as readily as those in the urethra.

Miss F. timidly announced that she had bleeding piles, possibly I could tell her what to do. I gave some general directions, and as her timidity gave way she allowed me to examine the rectum, where I found papilloma, just above the external sphincter on the anterior portion, bright red in color, surface in an ulcerating condition, giving an irregularity of feel, suggestive of cancer. The pedicle was about one-half the size of the tumor. After an evacuation, this always protruded partially, and if not replaced caused pain and bleeding. Hamamelis was used in this case with good results, although slow, as the position of tumor made it difficult to apply. In two months it was entirely removed. With this case was retroversion and prolapse of the uterus.

Mrs. J. passed the climacteric many years, had never had any local difficulty, but was not well following *la grippe*, could not stand long or walk any distance without great weariness, and had bleeding piles, as she said.

Examination showed both cystocele and rectocele, with prolapse of the uterus, and the cervix in a seemingly carcinomatous condition. At the anus, a papillomatous angioma presented, irregular to the touch, easily bleeding.

Suppositories of Hamamelis were used for this angioma after replacement until the uterine condition was better, when Hamamelis fld. ext. was applied with good but slow results.

To treat pelvic diseases with medicine unaided by surgery requires careful discrimination, more of the time and patience of the physician, with as good, if not better results to the patient.

Inebriety is an overpowering impulse to indulge in intoxication at all risks.—*Dr. Norman Kerr.*

OPINIONS EXPRESSED.

He's not a real man—he's an invalid.—*Edgar Fawcett.*

The doctor who can talk of nothing but materia medica or anatomy, becomes a social bore and a professional nuisance.—*Dr. H. V. Halbert.*

I kno plenty ov folks who are so kondem kontrary that if they should fall into the river they would insist upon floating up stream.—*Josh Billings.*

Tinned beef, compressed vegetables and meat biscuits may be nourishing, but what Thomas Atkins wants is bulk on his insides.—*Rudyard Kipling.*

I do not approve of your dynamizing the medicines higher — as for instance up to 36 and 60. There must be some end to the thing. It cannot go on to infinity.—*Hahnemann.*

Of all the sciences, the medical is the noblest. It is given to the physician to study the relations between the wonderful body and the still more wonderful soul and mind.—*Gladstone.*

There are men and classes of men that stand above the common herd. The soldier, the sailor, and the shepherd not infrequently; the artist rarely; rarer still the clergyman; the physician almost as a rule.—*Robert Louis Stevenson.*

Eminence in symptomatology is certainly commendable and desirable, and, doubtless, there are certain minds especially adapted to make the best use of it. I envy and praise such acquirements, while I deplore universal dependence upon them.—*Dr. W. S. Searle.*

The fact that we have not yet been able, despite indefatigable researches and painstaking, to discover the micro-organisms of the exanthematous diseases, proves that we shall be compelled to seek for the pathogenic agents by methods of another order.—*Robert Koch.*

May I take the liberty of indicating the points of my diagnosis of a weak medical man? They are: Indiscriminate administration of stimulants in fever, a ready rush to narcotics and sedatives, treatment directed to symptoms only, and a fondness for new drugs with high-sounding names.—*Dr. H. H. Broadbent.*

There already exists in our materia medica an immense amount of matter, the origin of which is due wholly to personal peculiarities, concomitant circumstances, and, worst of all, imaginary vaporings. Eliminate all these, and there still remains sufficient to engage the attention of the earnest student.—*Dr. E. O. Kinne.*

SELECTIONS.

Tubercular Peritonitis.

1. Tubercular peritonitis is often a latent affection, localized in the peritoneum, which may even run its course without inducing special symptoms.

2. As in other local tubercular processes, there is in this a natural tendency to healing, which takes place more frequently than has hitherto been supposed.

3. Statistical evidence shows laparotomy to be, in many cases, a palliative, and, in a certain number, a curative measure.—*Dr. Wm. Osler.*

Antiseptics in Surgery.

Respecting the use of antiseptics in surgery Professor Billroth writes as follows:

1. Iodoform is the safest and most effective of all manageable antiseptics.

2. Moss, wood turf, mold, and oakum are useful where there are discharges from the wound.

3. Corrosive sublimate in dilute solution is practically inert as an antiseptic to wounds, and renders the patient and surgeon alike liable to mercurial poisoning.

4. Carbolic acid—which is known to be dangerous in strong solutions—is, in very weak ones, as good for wound irrigation as clean water, but probably no better.

Extrusion of Gall Stones by Digital Manipulation.

Harley has long successfully practiced regulated digital manipulation, through the intact abdominal walls, for the purpose of possibly extruding gall-stones in the cystic and common bile duct. In cases where obstruction exists the gall bladder is often sufficiently distended to be readily felt through the abdominal parietes. In these, gentle digital kneading for a period of fifteen or twenty minutes will both relieve pain and promote the expulsion of the stone. Even cases in which the gall-stones or masses of inspissated bile have been impacted for months or years are thus readily relieved. The same judiciously regulated digital manipulation along the course of the ureter will often succeed in forcing renal calculi into the bladder.

Antisepsis in Vaccination.

The possibility of septic infection being so well-known, there can be no excuse for the physician failing to use strict antisepsis in vaccination.

The parts should be first washed and scrubbed with a brush, using hot water and soap. This will remove all the superficial dead epidermis. The antiseptic toilet may be completed—if this seems worth while—by washing the parts with alcohol or any antiseptic solution. The lancet used should be perfectly clean. The after-treatment is of no less importance. After vaccination the abrasion should be covered with a pad of boracic, or eucalyptus absorbent cotton. This will keep the limb from injury as well as prevent infection from without.

Iodoform Emulsion in Cold Abscess.

Eighty-six cases of cold abscess have been treated by Dr. Jasinski, of Cracow, by means of injections through a trocar of iodoform emulsion with encouraging results. A certain number were cured by a single injection, others after two or three injections. In eleven cases after the injection the abscess broke, a large quantity of pus mixed with iodoform being discharged. These were all cured without any further surgical interference. In nineteen cases an incision had to be made; the cavity was then washed out with carbolized water, iodoform emulsion injected, and the wound sewed up after a drainage-tube had been inserted. In some of these cases the injection had to be repeated several times. Though 180 grammes of a ten per cent emulsion were injected at once, no toxic symptoms were ever observed.—*Lancet.*

Treatment of Burns.

The burned surface is first carefully washed with a two or three per cent solution of carbolic acid or a three per mille solution of salicylic acid. The blisters are then opened, and the entire surface covered with subnitrate of bismuth finely powdered, and over this a layer of cotton wool. This dressing is to be renewed as soon as it becomes at all moistened by discharges from the wound. If the burn is very extensive, an ointment of bismuth is substituted for the dry powder.

Dr. Bardeleben asserts that with this dressing cicatrization is much more rapid and suffering much more quickly relieved than is the case with any other form of treatment.

He states that, in spite of the large quantities of bismuth which he has employed, he has never seen any symptoms of poisoning follow its use.

Enemata in Children.

The rectum of the young is straight, the sacrum but little concave, the sphincter ani feeble, and self-control is developed but gradually for which reasons a rectal inunction flows out, or is vehemently expelled. One which is to be retained must not irritate. The blandest is a solution of six or seven parts of sodium chloride to a thousand parts of water which will also serve as a good vehicle for medicine unless in-

compatible with the latter. The injection must be made while the child lies on its side (preferably the left side), not on the belly over the lap of the nurse, for in this position the space inside the narrow infantile pelvis is reduced to almost nothing. In many intense intestinal catarrhs, large and hot (104 to 108°) enemata relieve bowel irritability and tend to recovery. These must be repeated several times daily. When stools are many and complicated with tenesmus, an injection, tepid or hot, must be made after each defecation, which will speedily relieve the tenesmus.—*Med. Standard.*

Scarlatina without Pyrexia.

A case of scarlatina occurred in a child 7 years of age, in whom, though the eruption was well marked and the tonsils and tongue presented their characteristic appearance, there was absolutely no pyrexia either morning or evening, the highest point reached being 99.6 deg. F. The pulse, however, was rapid, being from 116 to 120 during the first three days. There was no albuminuria; desquamation began on the ninth day. Dr. Wertheimer also mentions a second case occurring in a child of about the same age, where, though all the distinctive signs of scarlatina were present, the only time there was any abnormal temperature was the evening of the second day; then it was 100.6 deg. Here, too, there was marked rapidity of pulse, and he suggests that this is probably an important sign in diagnosticating the rare cases of apyrexial scarlatina. His opinion is confirmed by Dr. Beetz, who immediately after the appearance of the article reported two other apyrexial cases where the pulse was also very rapid.—*Lancet.*

Simple Remedy for Thrush and Sordes.

A very simple and efficacious remedy for thrush and sordes was suggested by Mr. W. Theophilus Ord, of Bournemouth, England, in the *Lancet* last year. He says the following lotion, applied frequently with a feather or brush to the white patches, kills the oidium albicans more quickly than any other he knows, and removes the patches after a few applications, leaving healthy mucous membrane. It consists of equal parts of black-wash and glycerine mixed. The quantity used is so small as to be quite harmless. Another condition in which he has found the same lotion valuable is that of sordes on the teeth, lips and tongue in many cases of enteric fever. It cleans these parts as if by magic, and renders that unpleasant process known as "scraping the tongue" quite unnecessary. It may also with advantage be painted over the fauces in unhealthy conditions of the throat common in typhoid. He tried it in one case of catarrhal stomatitis, but it had no effect, whereas chlorate of potash effected an immediate cure. Also in the sordes of advanced phthisis it seemed to be of no use. Part of the beneficial influence of the application is, no doubt, attributable to the glycerine.

Lactation in the Course of Acute Diseases.

In answer to the question, "Ought a woman with an acute disease to cease nursing her child?" Professor Peter, of the Necker Hospital, Paris, says: "*A priori* we might reply yes to the question, for it is evident that the secretory hyperæmia of lactation must be a derivative from the inflammatory and febrile hyperæmia of the disease. But as the milk furnished under these conditions might be hurtful to the child, it is important to take into consideration the nature of the disease with which the mother is affected. If it be an infectious disease, like typhoid fever, I am opposed to the continuance of lactation, for although the milk may not contain microbes of the disease, it cannot but be poorly elaborated, imperfect milk. But this will not prevent our continuing to keep up the lacteal secretion by artificial means, and the breast pump will be faithfully used. But when we have to do with a disease that is not infectious, like pleurisy, there need be no hesitation about allowing the woman to nurse her babe. As the mother gets better of her pleurisy, the lacteal secretion will again become abundant."—*Medical Age.*

Cold Bath in Scarlet Fever.

The good effect of cold immersion in severe scarlet fever was well illustrated in a case related by M. Dieulafoy at a recent meeting of the Paris Hospitals Medical Society (*Bull. et Mem. Soc. Med. des Hospitaux*, No. 15). The patient, a girl 16 years of age, was, on the sixth day of the fever, attacked by marked nervous symptoms, excitement, insomnia, suppression of urine, pulse from 120 to 150, and very high temperature. On the eighth day her condition was very grave, the eruption had disappeared, the temperature was 105.68, pulse irregular and intermittent, and the prostration extreme. In spite of the fact that she was menstruating, he advisedthe cold bath, and after some delay the friends of the patient permitted the measure. She was placed in a bath at 75°, which caused severe shivering, cyanosis, and coldness of the extremities. But the pulse-rate fell from 150 to 100, and the delirium ceased. At the end of fifteen minutes she was removed from the bath, which was repeated three times during the night, at higher temparature. This treatment was continued up to the eleventh day, when the body temperature became normal.—*Lancet.*

Simple Method for Controlling Epistaxis.

The plan of arresting hemorrhage from the nose, which I here describe, I have used for thirty years without one failure.

My plan is not only effectual, but is easy of application and absolutely painless, and can be used in the smallest patients. The little device which I use is made of fifteen of the long threads of patent lint, size three and one-half or four inches long, which I double on themselves and tie in the middle, and let one end of the string be six or eight inches long, so as to pull the plug out when necessary. When doubled on itself it looks like a "comet" in miniature with a nucleus and thirty tails (or twice the number of threads used). A probe, or soft piece of pine but little bigger than a match, is pressed up against the center, and it is passed back upon the floor of the nasal cavity and pushed on till you reach the posterior nares. This will be known both by the resistance and the length of the probe, or the depth which you have reached. Then slowly withdraw the probe and plug the anterior nares and you have arrested the bleeding. These twenty or thirty ends floating in the blood at once coagulate it. The passage of the soft lint gives no pain whatever. In persuading children to submit to the operation, I often pass the lint up my own nose to satisfy them it gives no pain. If lint is not at hand I use the largest size spool cotton.

Some years ago I called the attention of one of our local societies to this matter, and it was mentioned in a local journal, but attracted no attention. Seeing the notice of Dr. Fridenberg's method in the *Medical Record*, I send this to you, hoping it will have a wider circulation. Any sensible layman can perform this operation. Many years ago I was wont sometimes to remain at the patient's house for hours, fearing a return of the bleeding, but do so no longer. The plug is removed in from twenty-four to forty-eight hours. It gives no pain, and the patient is willing for it to remain. The other methods are all painful in execution, and the discomfort, while the plug remains, is very considerable.—*Dr. Parker in Med. Record.*

The Use and Abuse of Antiseptic Injections in Obstetric Practice.

1. WHEN TO INJECT.—A vaginal injection before delivery, repeated every three hours, removes or kills enough microbes to render the canal aseptic enough for practical purposes. The vulva is disinfected separately by rubbing it with cotton soaked in antiseptic fluid.

After delivery, the vagina should not be touched in normal cases, but only protected by the application of the antiseptic occlusion dressing.

It has been necessary during labor to enter the uterus, or, after labor, the vaginal or intra uterine injection ought to be given, according to the depth to which the canal has been entered.

As a therapeutic measure, vaginal injection is used when the lochia are fetid.

Intra-uterine injection is given when the fœtus is macerated.

In puerperal diphtheria, vaginal or intra-uterine injections are used before and after cauterization with chloride of zinc, corresponding to the locality affected.

Curetting is preceded by a vaginal and followed by an intra-uterine injection.

Before opening an abscess from the vagina, this organ is syringed and swabbed, and after the injection the cavity is syringed.

In peritonitis, the uterus is once well disinfected, but after that the patient is not disturbed.

In abortions a vaginal injection is given before removal of the ovum, and an intra uterine after its removal.

2. WHAT TO INJECT.—The author has collected twenty-two cases of death from mercurial poisoning in obstetric practice. In some the fatal issue was due to faults in the use of the bichloride of mercury, others are above criticism. He thinks, therefore, it should not be used for injections. Of late he has used creolin in a two per cent solution, and is much pleased with it, except in cases where he wishes to judge of the condition of the interior of the womb by the appearance of the returning fluid.

Bichloride is absolutely contra-indicated in anæmia, abortion, kidney disease, and diarrhœa.

3. HOW TO INJECT.—He prefers single-current tubes to double-current tubes. Immediately after delivery, it is better to introduce it without the speculum.

Great care should be taken to go in the right direction and to the proper depth, so as to be sure to wash out the cavity of the uterus, and not perforate its wall.

As a hemostatic, very hot fluid is needed, otherwise lukewarm is preferable.

For intra-uterine injections, not more than two or three pints should be used.

If the fluid ceases to return from the uterus, the can or bag of the fountain syringe should be brought down below the level of the bed, so as to reverse the current by syphonic action.

The fluid should be removed from the womb by squeezing it, and from the vagina by turning the patient on her side.

The patient ought always to be on her back during an intra-uterine injection.

Fountain syringes are safer than bulb syringes.

They ought not to be suspended more than one or two feet above the uterus.

Properly administered injections are a most valuable prophylactic and curative remedy, and not so difficult to handle, but that every intelligent practitioner can use them.—*Dr. Garrigue, in Practice.*

Some Therapeutic Uses of Buttermilk.

We should expect from an analysis of buttermilk, and from the knowledge we have of the good results obtained by the use of an almost analogous agent,—viz., skimmed milk,—that it would prove of benefit in those forms of Bright's disease marked by scanty urinary flow, more or less œdema, and, in truth, all those results which follow a clogged and hampered condition of the *tubuli uriniferi*, the desquamative nephritis, or the acute inflammatory form; cases not yet advanced to either atrophy or steatosis, or before degeneration in the blood vessels and other organs had taken place, in a word, fibrinosis. If we assume this condition to be the ultimatum of a variable number of such cases, great benefit would follow its use.

Pavy speaks of buttermilk as "a thin, residuary liquid, yielded when butter is prepared directly from milk," and gives as an analysis of 100 parts the following:

	Nit. matters.	Fat.	Lactose.	Salts.	Water.
Buttermilk.....	4.1	.7	6 4	.8	88.00
Cows' milk.....	4.1	3.9	5 2	.8	86.00
Skimmed milk..	3.8	2.0	5.4	.8	.88

Thus, it will be seen that, on account of the large quantity of water and lactose, the fats being in much smaller quantities even than in milk which has been skimmed, an almost ideal diuretic is at hand. It is somewhat strange that buttermilk has been used for its diuretic and laxative properties so little, though we confess that its taste is an objection that in many instances cannot be overcome. In my own practice I have been forced to stop using it several times on this account. The writer has prescribed buttermilk not only in cases of albuminuria, but likewise in cystitis, gonorrhœa, and other affections of the urinary passages with universally good effects. It has seemed to be indicated wherever mucilaginous drinks, administered solely for their soothing effect, are prescribed. The amount of nitrogenized matter present probably adds somewhat to its merits, while the salts give a flavor not at all disagreeable, when it can be taken at all. On the whole, my use of this preparation, though restricted to affections of the kidneys and organs connected therewith, for the most part has led me to esteem it highly and to believe it worthy great confidence whenever the practitioner desires to excite the flow of urine, to modify its character, or to soothe an inflamed and congested mucous surface over which this excretion is to pass.

Another class of diseased conditions has been relieved by buttermilk,—those affecting the stomach,—the principal symptoms being eructations and vomiting. Eulenberg recommends it in atrophy of the peptic glands. In that condition, known as "sick stomach," a condition dependent on many different causes, it will be found beneficial. Dr. Peare, of Kansas, in these columns (April 15, 1885), drew attention to its use in this connection, and related the histories of four cases, the patients, with a single exception, being infants of less than three years of age. Prompt relief was afforded, even though, in the case of the adult, peritonitis was at the bottom of the gastric disturbance. Vomiting is a symptom, especially in peritonitis, which we all fear, and which usually proves exceedingly difficult to combat. My own preference, or rather the preference of my patients, has been for koumiss in treating the vomiting of peritonitis, and only a few times, because it has so happened that the patients have disliked the taste of buttermilk, have I used it.

In that peculiar condition known as the "vomiting of pregnancy" my experience has been favorable with this agent also, though it is altogether likely that in this connection it will fail as often as it succeeds. Buttermilk should always be freshly prepared when it is to be used therapeutically. Few stomachs will retain the bitter nauseousness of buttermilk even a week old. When used to check vomiting, it should be administered ice-cold, and it is best to begin in small quantities—half teaspoonful, repeated at short intervals, say every fifteen to twenty minutes for a few doses, then increasing to a whole teaspoonful every half-hour or so, when, if well borne, it is accomplishing the desired result, and should now be given at the rate of a tablespoonful every two hours, or as occasion demands. In the case of children with cholera infantum success in quieting the stomach may often be achieved by interdicting everything else, and using a few drops of *fresh* ice-cold buttermilk at intervals ranging in length according to the severity of the case. The physician will find that frequently buttermilk will not only control the vomiting of the little sufferers with this disease, but will furnish the required nutriment for many hours. When used in Bright's disease, the stomach not demanding especial consideration, the buttermilk is best given at an ordinary temperature, the quantity at the start being an ordinary glassful four times daily, increasing as the severity of the case and the personality of the

patient demand. In other genito-urinary affections this quantity will usually be found sufficient, though no harm will ensue by increasing it, and if great *ardor urinæ*, as in cases of gonorrhœa, be present, it may be made strongly alkaline by the addition of a quantity of bicarbonate of sodium.

In conclusion, I have this to say of buttermilk; let no one be deterred from making use of it, either because of its source and connections, or because of its easy access. We all, physicians particularly, would do well to remember the story of Naaman, the leper. This man, because of the simplicity of his doctor's prescription, almost refused to even try the remedy. Nevertheless, hydrotherapy proved eminently successful in his case when carried out according to directions, and the homely, despised buttermilk, used in proper cases, with no anticipation of miraculous results, will, I feel perfectly well assured, correct many diseased conditions, and bring about the normal state in a manner and in a length of time which shall prove both surprising and agreeable to all concerned.—*Dr. Ward, in Therapeutic Gazette.*

The Status of Cocaine in Surgery.

Dr. J. Leonard Corning has demonstrated that insensibility in a part can be indefinitely prolonged and definitely localized by arresting the circulation in the field of operation, either by exsanguination with Esmarch's bandage, or by simple constriction, and then injecting subcutaneously the aqueous solution of cocaine.

It is not surprising that an agent so wonderful in its effects, at once demonstrated to be useful in many minor procedures, should have had its importance exaggerated. By some it was deemed capable of producing anæsthesia so complete that all amputations, excisions and resections might be done under its influence. Fractures and dislocations, it was supposed, could be examined and reduced without pain in its deep injection. Osteotomy, and sequestrotomy, gouging, etc., were considered to be in the list of painless operations under the benign influence of this surgical panacea. A justly distinguished surgeon of New York expressed his belief that it would suffice for painless lithotomy. It would also be applicable and potent for litholapaxy and for operations for relief of strangulated hernia. The category of its possibilities I might, from the literature of a few years back, greatly prolong. It fell to my lot to be early in the field of cocaine surgery. The experience of five years has confirmed with me the earlier impression that its discovery marked an epoch in surgical progress. Mankind will ever owe to Koller a debt of gratitude.

Any presentation of the practical application of cocaine in surgery should be prefaced with the dangers it may possess. That it can destroy human life is proved in several instances in which it has caused death. While it is more than probable that the fatal results recorded would have been much less numerous had the agent been judiciously and skillfully employed, I do not doubt that just as chloroform and ether have killed in skillful and judicious hands, so it has been and will be with cocaine.

Individual peculiarity, that ungagugable quantity which we term *idiosyncrasy*, must account for the rare accidents which occur when a careful and experienced surgeon is employing it. One cannot say what the dosage may be. It differs widely, not only in different individuals, but in the same individual at different times.

The general rule should be, to begin with the minimum, gradually increasing as slowly as possible, always watching the pulse, the face, the respiration and the pupil.

Cocaine in moderate doses is a cardiac stimulant; in larger quantities it arrests the heart in diastole. In small doses it increases the number of respirations; in large doses it rapidly arrests the actions of these muscles.

In my own experience no alarming symptoms have as yet supervened, and it is safe to say that this statement includes several hundred applications in adults, in all parts of the body. It is never applicable to children under ten or twelve years of age. I have observed in several instances, pallor of the face and fainting, but believe that these conditions have ensued chiefly from the patient being overcome with the sight of the wound, or blood, or the excitement due to the operation. In some instances, however, I think absorption of the drug was the cause.

In using cocaine hypodermically I employ by preference a four per cent. solution of the hydrochlorate. One ounce of distilled water, twenty grains of cocaine hydrochlorate, and from one to three grains of boracic acid is approximately a 4 per cent. mixture. The boracic acid prevents the development of microscopic plants for a number of days.

For everyday use sealed capsules containing gr. j of the hydrochlorate may be safely carried dissolving the contents of one capsule in a half teaspoonful of warm water (free from lime). This makes about a 4 per cent. solution.

The technique of operations upon the extremities where the circulation may be temporarily arrested, differs from that on the face and trunk, where absorption can scarcely be prevented. For the first class, take, for example, an operation upon the finger, such as amputation at the last interphalangeal joint after injury or destructive ostitis. The hand is cleansed by immersion in 1-2000 sublimate solution for half

an hour. The anæsthesic may be employed in two ways, viz., *directly, injected in the lines of incision*, or *indirectly, injected above the nerves at the base of the finger.*

Observation has taught me that cocaine directly injected retards, to a slight degree, union and repair in wounds. For this reason it is better to employ the indirect method when possible, although this method requires a little longer time to secure the anæsthesia and usually more cocaine solution.

There are necessary a hypodermic syringe, with a delicate and perfectly cleansed needle. The needles should be of the smallest sizes, with washers to prevent leakage. The quantity of cocaine should be accurately measured so that an exact account may be kept of the minims injected. I have my syringe especially made with a screw attached to the piston which is run down to prevent even by accident the ejection of more than a few minims. Were this precaution not taken, any slip of the hand might throw in an unnecessary, if not dangerous quantity. For this method it is best not to Esmarch the finger, but to use constriction by means of a piece of rubber tubing around the digit or its junction with the hand. Just before applying the rubber, every particle of air being forced out of the syringe, the point of the needle is thrust through the skin on the lateral aspect of the dorsum of the finger, about an inch from and on the distal side of the ligature. About two minims of fluid are ejected, the needle pushed about one-fourth of an inch further, two minims more forced out, and so on until the point rests just beneath the skin on the plantar aspect of the digit, when a large quantity is ejected. In this way one-half of the finger is injected, and this operation is immediately repeated on the other half, the entire procedure occupying not more than 30 seconds.

The patient always feels a smarting, burning pain as the fluid comes in contact with the tissues. The tourniquet is at once tightened and the cocaine solution is thus held at a stand-still for absorption. This process may be hastened by massage over the injected area. In about two minutes insensibility should supervene, and the operation may proceed at the elected point.

Should the anæsthesia not be satisfactory the injection may be repeated. I have usually found fifteen minims to be sufficient, but thirty minims may be thus employed without risk. The operation finished, the most important feature of the technique presents itself, viz.: The elimination of the cocaine. If the constriction were suddenly and finally removed, the excess of solution would be swept at once into the circulation and would endanger the comfort, and perhaps the life of the patient. It should therefore be let in in small quantities. Loosening the band *for a minute* the circulation is restored and (under sublimate solution) the wound bleeds freely, thus giving escape to whatever of the solution the arterioles have absorbed. A certain proportion is carried into the general circulation. The rubber is again tightened for two or three minutes, and during this time the sutures are inserted, and the dressing applied. Alternately loosening and tightening the tourniquet, the small quantity of solution is admitted toward the heart and nerve centers, which are thus gradually accustomed to its presence, whereas they might be overwhelmed if the entire excess had been at once swept into circulation. By this method I have performed such operations with entire freedom from pain, even in nervous and apprehensive ladies.

In the *direct* method the solution is thrown exactly in the proposed limits of incision. The advantages are: (1) The rapidity of the anæsthesia, it being practically instantaneous; (2) the escape of a good part of the injected solution through the wound of incision. I prefer this procedure in incising felons, removing ingrowing or diseased nails, foreign bodies, etc. So general is the application of one or the other of these methods that almost all the surgery of the fingers and toes may be relegated to cocaine anæsthesia. When more than one digit is involved, the greater quantity of cocaine necessary is an element of danger, and suggests the preference of general narcosis with ether or chloroform.—*Dr. John A. Wyeth, in Int. Jour. Surgery.*

Blood serum possesses, though in different degrees in different animals, and in varying potency with the different bacterial species, a most marked germicidal power; a similar germicidal power resides also in fresh human non-inflammatory transudations. This power is not directly associated with the formed elements of the blood or the transudates, but is in some way dependent upon their albuminoid constituents. It would further appear that this singular, and, apparently, most significant capacity of the body fluids, is intimately associated with the complex condition which we call life. The significance of these new discoveries would seem to be very great and far-reaching, and not only in explaining many obscure phenomena of the acute infectious diseases and in their bearing on humanity, but also in calling back the attention of therapeutic adventurers from germicidal warfare with certain forms of infections diseases, to what appears to be a natural defense of the organism against bacterial invaders, namely, a healthy condition of the blood.—*Dr. Prudden.*

USEFUL RECIPES.

Paint stains that are dry and old may be removed from cotton or woolen goods with chloroform. First cover the spot with olive oil or butter.

Cocaine will relieve slight pains of nervous origin, whilst the severer sensory disturbances, such as those due to calculi and cancer, are unaffected by it.

For excessive perspiration of the feet one part of alum with two parts of glycerine should be rubbed on the feet at night and a light, open sock worn. In the morning the feet should be washed with tepid water.

Soapstone makes a good dusting powder for dusting intertrigo in infants. It is also very useful to prevent bedsores, especially when mixed with zinc oxide. It adheres well to the skin, and does not form a sticky paste as starch powders do, when in contact with moisture.

A simple remedy for foot sprains is to slide the fingers under the foot, and having previously greased both thumbs press them successively with increasing force over the painful parts for about a quarter of an hour. This process should be repeated several times until the patient is able to walk.

Among the almost numberless methods of removing particles from the eye, the following is one of the most efficient means: Make a loop by doubling a horse-hair; raise the lid of the eye in which is the foreign particle, slip the loop over it, and, placing the lid in contact with the eyeball, withdraw the loop, and the particle will be drawn out with it.

To make an ice poultice, spread a layer of linseed meal, three-fourths of an inch deep on a cloth of proper size, and put pieces of ice the size of a marble on the meal at intervals of an inch; then sprinkle lightly with the meal; cover with a cloth and turn over the edges; apply the thick surface to the skin. The meal protects the skin and excludes the air from the ice, thus preventing melting.

Some months ago the floors of many Austrian garrisons were painted with tar, and the results have proved so uniformly advantageous that the method is becoming greatly extended in its application. The collection of dust in cracks is thus prevented, and a consequent diminution in irritative diseases of the eye has been noted. Cleanliness of the rooms has been greatly facilitated, and parasites are almost completely excluded. The coating of tar is inexpensive, requires renewal but once a year and presents but one disadvantage, namely, its somber color.

Blackening the nose and cheeks under the eyes has been found an effectual preventive of snow blindness, or the injurious effect of the glare from illuminated snow upon eyes unaccustomed to it.—*Scientific American.*

To disguise the odor of iodoform triturate one ounce of iodoform with four drops of oil of sassafras. This is an excellent mask for the odor of iodoform when protected from the air, but on exposure to the air for a short time, the oil evaporates and leaves the odor of iodoform. The odor may all be very satisfactorily disguised where the use of coffee is not objectionable by mixing equal parts of finely powdered roasted coffee and iodoform.

The fact has been established that a mixture of antiseptic solutions is stronger than any solution alone. Make a mixture containing equal parts of—Bi-chloride of mercury, 1 to 100,000; Salicylic acid, 1 to 1,000; Carbolic acid, 1 to 1,000; Benzoic acid, 1 to 500; Chloride of lime, 1 to 5,000; Bromine, 1 to 10,000; Hydrobromate of quinine, 1 to 2,000; Chloroform, 1 to 2,000. This, when mixed with equal parts of bouillon containing *bacillus subtilis* arrests the growth of that organism, while none of the constituents alone will do so.

Aseptic sponges may be prepared as follows: Free the sponges from sand by repeated beating, immerse for two or three hours in a solution of potassium permanganate (1 to 1000), remove from this to a solution containing one per cent of hydrochloric acid, and after two hours wash with boiled water till free from acid, immerse in a solution containing one part of corrosive sublimate to 1000 parts of water, where they may remain till wanted. Or, after twenty-four hours they may be washed in distilled water and dried in an oven free from dust, and preserved in tight vessels.

To make the strongest cement take two ounces of clear gum-arabic, one and one-half ounces of fine starch, and one-half ounce of white sugar. Pulverize the gum-arabic and dissolve it in as much water as the laundress would use for the quantity of starch indicated. Dissolve the starch and sugar in the gum solution. Then cook the mixture in a vessel suspended in boiling water until the starch becomes clear. The cement should be as thick as tar, and should be kept so. It can be kept from spoiling by dropping in a lump of gum camphor, or a little oil of cloves or sassafras. This cement is very strong indeed, and will stick perfectly to glazed surfaces, and is good to repair broken rocks, minerals, or fossils. The addition of a small amount of aluminum will increase the effectiveness of the paste, besides helping to prevent decomposition.

ITEMS OF INTEREST.

If one will glance over the history of the first French Revolution, he will be struck with the airy manner in which the non-guillotined prescribed guillotining, and yet how they took to heart the same prescription when it was administered to themselves the next week.

A law was in force in England in the year 1770 to the effect that "whosoever shall entice into the bonds of matrimony any male subject of Her Majesty by means of rouge, white paint, Spanish cotton, steel corsets, crinoline, high-heeled shoes, or false hips, shall be prosecuted for witchcraft, and the marriage declared null and void."

The oldest man living is said to be James James, a negro of Santa Rosa, Mexico. It is said he was born near Dorchester, S. C., in 1752. He was with his master in the Revolutionary War, was 40 years old when Washington was elected president, went to Texas when 101 years old, moved into Mexico five years later, and now at the ripe age of 136 lives in a little hut, to which he is confined by rheumatism, and is supported by contributions from the citizens of Santa Rosa.

In the course of archæological explorations lately carried on in the Crimea, painted human bones were found in two graves—six skeletons in one grave, and one in another. Professor Grempler, of Breslau, is of opinion that these graves belonged to the original inhabitants of the Crimea, the Cimmerians of Heredotus. They laid their dead on elevated spots, so that the birds might consume the flesh. When quite bleached the skeletons were painted with some mineral pigment. Several graves containing such painted skeletons have been found in Central Asia. Only three had been previously found in the Crimea.

The women in the Sultan's seraglio, at Constantinople, have just been vaccinated, to the number of 150. The operation took place at a large hall, under the superintendence of four gigantic eunuchs. The Italian surgeon to whom the task was confided was stationed in front of a huge screen, and the women were concealed behind it. A hole had been made in the center of the screen, just large enough to allow an arm to pass through; and in this manner the arms, of various colors and sizes, were presented to the operator in rapid succession. It was utterly impossible for the surgeon to get a glimpse of his patients; but, in order to guard against the chance of his being able to see through the screen, two eunuchs, who stood by the operator, threw a shawl over his face the instant an operation was concluded, and did not remove it till the next arm had been placed in position.—*Indian Medical Gazette.*

Some American papers have asserted that medical superintendents of asylums, in their constant intercourse with insane patients, become themselves insane. A few solitary instances of insanity among insane experts gives color to this idea, but this is an instance of hasty generalization from insufficient data. There is no microbe of insanity; at least one has not yet been found, and breathing the air of asylums does not lead to insanity. Those asylum superintendents who have become insane would unfortunately have become mentally affected no matter what position in life they occupied, and it is a mere coincidence that they happen to be at the time of their insanity in charge of the insane. Newspaper paragraphs of this kind are not expected to be scientific, or even accurate.

In the year 1849, at the College of Physicians and Surgeons, New York City, at an operation for strangulated inguinal hernia at the city hospital, the operating surgeon, one of the best in the city, in cutting down, came upon a condition of things he did not understand, and hesitated a long time in the midst of the operation. He then called upon Dr. Isaacs, demonstrator of anatomy at our college, to come forward and tell what he had fonnd. Dr. I. very modestly looked into the wound and instantly remarked—"Testicle, sir." The hand of the surgeon immediately sought the scrotum and found but one stone, and then he paid the demonstrator this handsome compliment: "Right, Dr. Isaacs—always right. I think there are usually two testicles, though there may be but one in the scrotum."

A traveler in South Africa tells of a singular combat that he had witnessed. He was musing one morning, with his eyes on the ground, when he noticed a caterpillar crawling on the ground at a rapid pace, followed by hundreds of small ants. Being quicker in their movement, the ants would catch up with the caterpillar, and one would mount his back and bite him. Pausing, the caterpillar would turn his head and bite the ant and kill his tormentor. After slaughtering a dozen or more of his persecutors the caterpillar showed signs of fatigue. The ants made a combined attack. Betaking himself to a stalk of grass, the caterpillar climbed up, tail first, followed by the ants. As one approached he seized it in his jaws and threw it off the stalk. The ants, seeing that the caterpillar had too strong a position for them to overcome, resorted to strategy. They began sawing through the grass stalk. In a few moments the stalk fell, and hundreds of ants pounced upon the caterpillar. He was killed at once.

SCIENTIFIC NOTES.

It is thought that it is feasible to predict storms twelve hours in advance of their coming by the sounds which the changing atmospheric conditions produce, and which the telephone will transmit.

Thermometers made of Jena glass can be made serviceable for measuring temperatures as high as 450 degrees C., if the tube above the mercury is filled with nitrogen, so that the quicksilver at increasing heat is under a steadily increasing pressure.

It has been proved by experiments that there is no foundation for the belief that the earth absorbs and retains more carbonic oxide than other gases, an hypothesis offered to explain several cases of asphyxiation which have occurred when miners went into a level shortly after an explosion.

A luminous crayon for the purpose of enabling lecturers to draw on the blackboard when the room is darkened for the use of the lantern has been invented. It is hoped that the invention may prove of value not only to the lecturers who use a lantern, but also (in another form) to those students who wish to take notes.

Study of the sense of smell in star-fishes has led to the conclusion that these animals, when excited by the presence of a bait, are guided by sensations perceived by the ends of their arms. The sense of smell is not diffuse in star-fishes, but is localized in the suckers, useless for locomotion, situated at the back of the eye-plate.

The Astronomical Society of the Pacific has published an account of the recent work in lunar photography at the Lick Observatory. The photographs obtained by means of the great equatorial are greatly enlarged, and when so treated exhibit the moon's surface in great clearness and detail. Professor Holden states that in the best pictures taken at the observatory, parallel walls on the moon, whose tops are no more than 200 yards or so in width, and which are not more than 1,000 or 1,200 yards apart, are plainly visible.

Professor Henderson, who accompanied the late exploring expedition to the Olympic Mountains, gives some interesting data of the trip. In speaking of the traces of the glacial period in the heterogeneous distribution of plants, he says: "We found flowers in the Olympics at an altitude of 10,000 feet that would be found in Alaska on the ocean level. I was very much impressed with the grand mix-up not only of the mountains, but of the flora as well. Flowers that we find here around Portland we found buried among the timber of the Olympics near the snow line. Among these were violets."

Nickel is a modern metal. It was not in use nor known of till 1715. It has now largely taken the place of silver in plated ware, and as an alloy with steel it is superior to any other metal, for it is not only non-corrodible itself, but it transfers the same quality to steel; even when combined as low as 5 per cent it prevents oxidation.

Not very long ago upward of eighteen hundred canaries died in one year at Norwich, England, and occasioned a loss to the owners estimated at about $5,000. A medical man is now stated to be hard at work inquiring as to the true cause of the disease, which at present is thought to partake of the character of diphtheria. The subject is an important one, as the transmission of diphtheria to children from domestic animals has come to be not only frequent but occasionally most serious in effects.

It is generally taught that the domestic cat was first domesticated in Egypt, the Greeks and Romans not possessing it, and that the cat was not known to have lived in Italy earlier than about nine centuries before the Crusades. Rolleston claimed that the domestic cat of the Greeks and Romans was a marten. Virchow, having examined the mummies of Egyptian cats, finds that they had nothing in common with our household pet, and that the Egyptian cat was simply a tame creature, or domesticated savage, like the monkey or gazelle.—*New York Independent.*

In an article on the cheapest form of light, Professors Langley and Very have published the results of a series of observations on the light of the fire-fly, found in Cuba and the tropics of America. In all industrial methods of producing light, like the candle, lamp, or gas, more than 99 per cent of the energy is, as far as illumination goes, wasted. The study of the radiation of the fire-fly demonstrates that it is possible to produce light without heat other than in the light itself; that this is actually effected by nature's processes, and that these are "cheaper" —*i. e.*, more economical in energy than any in dustrial method now known.

"A boy gulped down a silver dollar;
I took him gently by the collar,
(With grief his mother's heart was wrung),
I dropped a powder on his tongue,
And in five minutes from that time
He vomited a silver dime,
And soon threw up upon the floor
(I counted them) just nine dimes more!
And that boy's mother gave to me
Those very dimes for my moderate fee.

SURGICAL NOTES.

In the general diagnosis of the cerebral abscess, it is to be remembered that there usually is a latent period which may continue for an indefinite period.

In abdominal and pelvic surgery it is better to leave in a drainage-tube in every case, even where at first appears no necessity for it; for sometimes after the operation there is an effusion of blood greater in extent than the peritoneum can absorb. Fill the tube with antiseptic cotton, which should be frequently changed. Syringe the abdominal cavity frequently with water through the tube.

In operating for abscess of the brain, operators, until recently, have satisfied themselves with incising the dura and doing nothing more. With the introduction of aspirating methods, the hollow needle came to be used for brain exploration. The dangers of this procedure are certainly small. The danger of hemorrhage has been over-estimated. A temporary tampon will control deep hemorrhage, while in bleeding from the pia mater the vessels may be sewed with ligatures or serre-fine.

In regard to the pathology of hip disease, Dr. Phelps believes that it is a local tubercular affection, due to accidental inoculation, and not to a constitutional or strumous condition. Following Volkmann, Albert and Konig, he believes that the inflammation, at first simple, becomes tubercular by inoculation, and then purulent. The irritation of the peripheral extremities of the nerves in or about the joint produces muscular spasm, which, in turn, distorts the joint by trauma, aided by the baccilli of tuberculosis.

In all the methods ordinarily employed "for the reduction of dislocations downward" of the humerus, the trunk is fixed and the head of the humerus is raised in the glenoid cavity. Dr. Abril inverts this proceeding; his plan is to fix the humerus and to make the glenoid cavity descend on to the head of the humerus. He claims for his method that it is most simple, easily and quickly done, that chloroform is not necessary to obtain muscular relaxation, that the pain is trifling, and that no assistants are required. He makes the patient stand with a crutch in his axilla; he then holds the hand of the affected side, making a slight traction downward; the patient is now to let himself down as if he were going to fall on his knees, and as he falls the head of the humerus glides into its normal position, and the patient is surprised to find himself cured.—*London Med. Record.*

For the treatment of ulcers by phosphoric acid use a ten per cent solution of pure phosphoric acid in distilled water. The ulcer is covered with a bit of lint dipped in this solution, and the dressing renewed three or four times a day. The patient for the first few minutes feels a slight burning sensation, but this soon passes, and, within twenty-four or thirty-six hours, the ulcer cleans and looks better. Inflammation or eczema of the surrounding parts disappears, and all pruritus ceases. The ulcer cicatrizes rapidly, and the cicatrix is firm and healthy.

The play of the pupil is an important test of approaching danger in chloroform narcosis. As long as the pupil contracts instantaneously, when the eye is opened there is none; as soon as the contraction is wanting there is, and the further administration has to be stopped.

I know well enough that many more observations are necessary than mylimitedexperience to to confirm the practical value of this test, but in consideration of the physiological facts upon which it is based, I would recommend it to the profession for an impartial trial. More so than the sensibility of the cornea.

In Porro's method for reducing strangulated inguinal hernia, the pelvis is first raised on a pillow, the thigh flexed and abducted, the scrotum and hernial tumor are grasped by the operator and bent slightly over the abdomen, the operator then presses upon the tumor in such a manner that the index finger of the right hand is carried into the inguinal canal in the direction of the horizontal ramus of the pelvis by a boring and turning motion. In a short time the strangulated parts are said to slip back into the abdominal cavity. By this method Porro has succeeded in reducing six cases of strangulated hernia, after other surgeons had spent from twelve to thirty hours, and failed.—*Clinical Reporter.*

Pus is no longer characterized exclusively from the anatomical point of view by its globules, for there have been discovered therein certain elements having a definite form and outline, which can be reproduced at will and multiplied in test tubes just as in the living animal tissues, and which belong to the general class of microbes. If not always present, these microbes are at least so frequently present that they seem inseparable from the pyogenic process, and constitute in all likelihood the only and real cause of it—a hypothesis almost demonstrated positively by the fact that when introduced experimentally into the organism these same microbes give rise to suppuration and abscess.—*Prof. Verneuil.*

Bichloride of Methyline as an Anæsthetic.—Given properly diluted with air, the vapor of chloromethyl has in my experience of more than ten years with more than 1,000 operations of a nature unusually severe as a test of an anæsthetic, proved without a single exception applicable to every patient, perfectly certain to produce complete anæsthesia, relieving the surgeon from all alarm or even anxiety, and its use has never been followed by any dangerous symptoms that could be fairly attributed to it. I have never known it to fail, and I have never once been alarmed, or even made uneasy, by its effects in any one of more than 20,000 operations, many of them of unusual severity of duration.—*Sir Spencer Wells.*

Many people, the subjects of congenital sebaceous tumors and "wens," object to having them removed, on the score that the remedy is worse than the disease, and the after consequences may be serious. The following is the method I have adopted in such cases, and with marked success. With a cataract knife (Graefe's) puncture the cyst, and gently squeeze out the contents; then introduce a small piece of nitrate of silver. On the following day by means of a pair of forceps the capsule of the cyst can be withdrawn, just like the shell of a bean, without any portion being left adherent. In no case has there ever been any return of the growth or any ill effects. The method, if tried, will be found to have many advantages, apart from its simplicity and thoroughness.

The symptoms of deep brain abscess may be divided into three groups, according to causes: 1. Those which are inseparable from indications of suppuration. Such are those disturbances which may follow any deep-seated foreign body. 2. Symptoms of increased intra-cranial pressure and of disturbed relations. 3. Special symptoms by which the locality of the disturbance may be ascertained so long as the gray matter is undestroyed. The most constant symptoms of obstruction of the bowel are pain, vomiting, tympany, and tumor. Stoppage of the bowel is not the most essential symptom in diagnosis, since frequent loose stools characterize intussusception, and may occur in other varieties of obstruction. Too much attention directed to this symptom leads to erroneous diagnosis, since it is of frequent occurrence in peritonitis, and often results in irrational and injurious treatment.

Prostitutes from well kept houses who get delirium tremens upon champagne and good liquors are much more easily managed and more successfully treated than the poor men who for weeks have guzzled five-cent whisky, stale ale and unripe beer.—*Dr. Chas. L. Dana.*

GYNECOLOGICAL NOTES.

Perineal rupture is said to occur in twenty-one per cent of primiparæ and fifteen per cent of multiparæ.

According to Munde, the examination of 2,500 pregnant women revealed cervical laceration in twenty-five per cent, and that in fifty per cent of these operative treatment was necessitated by their severity.

Uterine symptoms are not always present in cases of uterine disease, nor, when present, and even urgent, do they necessarily come from uterine disease, for they may be merely nerve-counterfeits of uterine disease.—*Dr. Goodell.*

In unfruitful marriages, while one woman in fifteen is sterile, *one man in six* suffers from azoöspermia in consequence of "early indiscretions" which he either forgets or does not care to recall.—*Dr. H. C. Coe.*

It is a fact easily demonstrated, that the blood lost in menstruation, when unmixed with the vaginal secretion and the uterine and vaginal detritus, is precisely the same as that which might be drawn from any other part of the body. —*Dr. Leavitt.*

It is now well known that a third ovary does occur, although only a myth until 1863. One such case, and another of an accessory ovary, is pictured by Winckel. Alshausen, Klebs and others have observed and published isolated cases, but notwithstanding all the numerous laparotomies of late years by competent observers, not one has met with a third ovary except Alshausen in the removal of an ovarian cystoma. Continuance of menstruation after the removal of both ovaries has been so frequently reported and the presence of a third ovary so rarely, that, *a priori*, we must conclude that an additional remaining ovary can not be accepted as an explanation of this phenomenon.—*Dr. Engelmann.*

The Co-existence of an ovarian cyst with pregnancy exposes the woman to numerous and pressing dangers. In such cases ovariotomy is generally preferable to puncture. Ablation of the cyst gives the best results when undertaken between the third and the fifth month of pregnancy. During the three last months it is preferable, except urgent symptoms supervene, to postpone the operation until after delivery. In the course of the operation it is desirable to avoid, as far as possible, all manipulation of the uterus, and if the organ should be accidentally wounded, certain cases seem to point to the advantage of incising, emptying and suturing it. The ordinary precautions in the performance of laparotomy are desirable.—*Dr. M. Terrillon.*

Veratrum viride 2x has been warmly recommended for the acute stage of pelvic cellulitis or peritonitis in lying-in women with symptoms similar to those calling for aconite. Great cerebral congestion; pupils dilated; face flushed; violent nausea and vomiting, with cold sweat; severe pain and soreness just above the pelvis; heart-beats loud and strong, with great arterial excitement; but the respirations are very slow. The doses must be frequently repeated till there is some amelioration of the symptoms.—*Dr. Southwick.*

If all pregnant women would daily drink buttermilk, skim-milk or whey, keep the bowels regular, have abundance of fresh air and sunlight, daily bathe with warm water, or, better with salt and water, and have suitable food, there would be few cases of puerperal convulsions. In pregnant women complaining of fixed headache, spots before the eyes, epigastric pain, restlessness at night, puffing of the eyelids, hands or feet, it is always well to examine the urine and have the daily amount of its secretion measured; inquire into the state of digestion and condition of the bowels. If you find albuminuria, good hygienic surroundings, bathing, keeping the bowels open, rest and milk diet will be found sufficient in many mild cases. —*Dr. Addison.*

If gonorrhœal disease in the female is recognized in its inception and properly treated, it is soon over. Hot vaginal irrigations increase reintegrations, and a mild antiseptic in the water—as boracic acid, sulphate of soda or sulpho-carbolate of soda—does much toward retarding the multiplication of gonococci. It is necessary that the parts should be kept cleansed. No injections of the urethra are allowable until the inflammation of the urethra becomes subacute. It takes usually a week or ten days for this to occur. Injections of the urethra are at no time so useful as in the male, because the female urethra is short and will not retain fluid so well. When the acute stage has somewhat subsided, there is do doubt but the injection of water—as hot as the patient can bear—several times daily, by the use of Skene's reflex catheter, does a great deal toward effecting a speedy cure.—*Dr. M. T. Runnels.*

Patients who suffer soon after getting up from confinement, from dragging weight and pain in the pelvis, back and sides, are much relieved by taking the genu-pectoral position three or four times a day, and especially for a few minutes before retiring; and I believe this assists much in preventing sub-involution and displacements which are so apt to occur at this time. For women who work hard, and are on their feet all day and also when night comes, complain of fullness and pressure in the pelvis, with dragging pains in the back, etc., I know of no simple means that will give so much relief as the knee-chest position, with a few deep inspirations before retiring. By so doing, if there is a tendency to prolapse or congestion of the uterus, or too much traction on the ligaments, the uterus is usually replaced, circulation is improved, and the patient rests better as a result. —*Dr. Martin.*

Seven cases have recently been reported by Dr. Herbert Spencer, in which he was able to make a diagnosis of placenta prævia by abdominal palpation previous to the employment of a vaginal examination, and in several cases in which it was impossible to discern the placenta by finger per vaginam.

In a case of placenta prævia in which the head presents, the head is not felt where the placenta is situated. It is distinctly felt where the placenta is absent. In cases where the placenta is in front, the organ is felt as an elastic mass of the consistence of a wetted bath-sponge, which keeps examining fingers off the head. Its edges may be felt, and it has the shape of a segment of a circle; within the circle all is obscure to the touch; outside the circle the head or other part of the child is plainly felt. Impulses to the head are not clearly felt through the placenta; impulses to the head through the placenta are distinctly felt at the spot from which the placenta is absent. The same applies to combined vaginal and abdominal examinations.—*Lancet.*

The general term "leucorrhœa" is not only very imperfect, but a harmful expression, leading too frequently to neglect of examination of the local conditions which underlie it, and which cause the discharges embraced under this name. Women have acquired a familiarity with the term "whites"; believing it to be a very simple symptom, they neglect seeking advice. The subject of intra-uterine injections is a very important one, and we shall frequently have to decide as to their advisability. In certain states of the endometrium we can do no good unless we clean out the uterine cavity, and previous to this we should first dilate, and as we have now so many excellent dilators at our service this operation, with ordinary care, may be performed without risk. It is in the highest degree unwise to inject an undilated uterus. The cervical portion of the uterus is frequently involved, and we have as a consequence a very common complaint, chronic uterine catarrh. Here the remedy I have most faith in is the tincture of iodine—an old remedy, dating back to 1830—combined with free washing and astringent applications, subsequently applied by means of the uterine douche.—*Dr. Dolan, in Br. Journ. Gyn.*

The occurrence of germs in the discharges from the uterus and vagina during the puerperium has been a subject of careful research by Doederlein. His conclusions are as follows: Under normal conditions, the discharges from the uterus contain no germs. Under similar conditions, the discharges from the vagina contain germs of the most varied sorts. The discharges from the uterus may, in any number and amount, be injected without reaction into animals, while those from the vagina may cause infection, producing abscess. The presence of germs of whatever sort in the puerperal uterus causes, as a rule, elevation of temperature; and on a fall of temperature the discharges from the uterus become again free from germs. The disappearance of these germs is accompanied by increased production and discharge of pus-corpuscles. Even before the rise of temperature, germs may be found in the uterus. We must therefore assume a certain incubation period. Uterine discharges containing germs cause symptoms of infection in animals. Only when these discharges contain but few germs and the subjective symptoms are slight, may they be transferred to animals without injuring them.—*Am. Jour. Obs.*

A woman thirty-eight years of age, the mother of nine children, the youngest three years old, became pregnant. The fœtal movements ceased for six weeks, and for two weeks before admission into hospital fetid pus discharged from the vagina and umbilicus. There was much debility but no collapse or hemorrhage. A weight seemed to roll about in the abdomen when the patient moved. Diagnosis was very difficult; circumscribed peritonitis, or extra uterine pregnancy with suppuration of the sac and discharge through the naval and vagina was suspected. Abdominal section was performed, and a well-developed, macerated fœtus, covered with pus, was discovered free in the peritoneal cavity. The patient lived some time, but ultimately sank from exhaustion. Spontaneous rupture of the uterus had taken place from some unknown cause during the second half of pregnancy. The fœtus had escaped into the peritoneal cavity, died, and set up suppurative peritonitis. At the necropsy it was found that one intra-peritoneal abscess had burst through the umbilicus, the other had entered the foetal membranes, caused suppuration of the placenta and discharge of pus into the cervix and vagina. The bladder and renal pelves had become inflamed. The latter complication is in itself sufficient to account for death. Had it not occurred the recovery of the patient would have been highly probable.—*British Medical Journal.*

Report of Meeting of Legislative Committee.

At a meeting of the Legislative Committee of the Homœopathic Medical Society of the State of Michigan, at the office of Dr. I. N. Eldridge of Flint, the committee organized by electing Dr. Eldridge chairman and Dr. D. M. Nottingham, of Lansing, secretary.

After a thorough canvass of the work of the committee, it was decided to draft and have introduced in our legislature this winter a medical bill, with the following provisions:

1st—The organization, under legislative authority, of three Medical Boards of seven members each, to represent each of the three legally chartered schools of medicine, viz: Allopathic, Homœopathic and Eclectic.

2d—These Boards to be appointed by the Governor, upon recommendation of the various State Medical Societies.

3d—The Boards shall organize, and shall examine all those who shall begin the practice of Medicine or Surgery in the State of Michigan, or who have not complied with the existing laws, and if found qualified, shall issue a certificate authorizing them to practice in this State.

4th—It provides for the enforcement of the law upon all who fail to comply with its provisions.

5th—It provides for a thorough and systematic registration of all physicians now practicing.

6th—No Medical Diploma shall be recognized as satisfactory evidence of efficiency.

It is hoped that this effort to raise the standard of Medical Education will receive the hearty support of the Medical Profession of Michigan, and that all can give the bill their hearty support.

The theory of phagocytosis ascribes to certain cell elements, *e. g.*, the white blood cells, connective-tissue cells, endothelial cells, and cells of spleen, bone, marrow, and lymph-glands which are generally called phagocytes, the property of attacking and devouring bacteria. Metchnikoff is the founder and leading advocate for this theory; other eminent bacteriologists, however, have verified the work done by Metchnikoff, and are equally zealous with himself in asserting the truth of the theory. He claims that this destruction of life of the bacteria by being taken into the bodies of certain cells, phagocytes, is the exclusive means which the organism makes use of in resisting the incursions of pathogenic bacteria. An animal whose leucocytes can successfully battle with and eat up a given species of bacteria, according to this, theory, enjoys immunity from its deleterious effects.

BOOK REVIEWS.

Lectures on Massage and Electricity in the Treatment of Disease. By Thomas Stretch Dowse, M. D., Fellow of the College of Physicians of Edinburgh; Associate Member of the Neurological Society of New York, etc. New York. E. B. Treat & Co. 1890. ($2.75.)

The author disclaims all intention of adertising any school for massage, institute of massage, etc. Neither does he lay claim to any special originality of method or detail in bombastic language wonderful cures he has performed. The lectures on Massage give in well-chosen English the indications for this treatment, and describe minutely and clearly the varous kinds of manipulation. To one desiring to familiarize himself with this most valuable adjuvant in the treatment especially of chronic diseases, this book will be very useful. Professional nurses and students would do well to read a work of this kind. They might find such knowledge of great use when the services of a professional masseur were not to be had. The book is profusely and tastily illustrated.

Mosquera's Food Products—Beef Meal, Beef Cacao.

Parke, Davis & Co., whose reputation for original work has long been established, announce that after thorough study of the various food products, they can now supply preparations which will fulfil all the requirements for therapeutic and dietetic use.

Mosquera's Beef Meal is a perfectly pure predigested meat, containing all the nutritious constituents of good lean beef, half of which are in soluble form, ready for immediate assimilation, and the other half easily digestible by the gastric and pancreatic juices. Therefore the entire preparation being practically dry is composed of nutritive matter, containing about 40 per cent. of soluble peptone and albumose.

Mosquera's Beef Cacao consists of equal parts of beef meal, sugar, and a superior article of Dutch cacao. It does not require cooking, but may be mixed with warm milk exactly like ordinary chocolate, and so completely is the taste of the beef disguised that it cannot be detected. Requiring therefore no previous preparation it is most conveniently administered.

To physicians interested a pamphlet fully descriptive of the special advantages, uses and methods of administration of these preparations will be mailed on request, and samples will be sent to physicians who desire to clinically test them in practice.

PERSONALS.

Dr. Asa T. Goodrich has removed his office to rooms 493 and 494, Endicott, Arcade Building, No. 350, St. Paul, Minn.

Dr. O. R. Long, of the Michigan Asylum for Insane Criminals, at Ionia, has been invited by the Regents to deliver a course of lectures on mental diseases to the class of the Homœopathic Medical College of the University of Michigan.

Dr. T. Y. Kinne, of Paterson, N. J., President of the American Institute of Homœopathy, has recently returned from Europe. He reports a live interest taken by foreign physicians in the coming International Homœopathic Congress.

Acute Glaucoma is the title of a paper, now issued in pamphlet form, which is from the able pen of our friend and colleague, Dr. A. B. Norton. Another paper on the subject of headaches, resulting from hyperopia, and their possible cure by the use of glasses, furnishes instructive reading.

Dr. J. J. Thompson has sold his interest in the Lincoln Park Sanitarium to Dr. E. H. Pratt, and has resigned his position as resident physician to the same. Dr. Thompson will spend the next few months in Europe investigating the Koch theory and attending the leading clinics of Berlin, Paris, London, and Vienna. He has not yet decided where he will locate upon his return.

The Medical Bulletin Visiting List.—"The List and Physician's Call Record," published by F. A. Davis of Philadelphia, is arranged on a system which seems to fulfill every requirement. It has many useful tables for ready reference, and well-arranged pages for visits and prescriptions.

A Physician wants to change his present location for one in a good town of 30,000 population. Address Samuel Hudson Browne Hamline, Minn.

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What is a Homœopathic Physician?

THE ERA has on hand many answers to the above question—far more than it would be possible to publish, unless the space of the entire journal were given up to them. We were compelled to stop somewhere. There are two others, however, which we shall publish in the February issue. One of these is by Dr. R. N. Foster of Chicago, and the other by Dr. J. C. Morgan of Philadelphia. Each one, in its way, is out of the usual line, and we are sure our readers will be interested in them.

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THEY SAY

That heads are growing larger.

That air can be soiled as well as water.

That the lymph is now called "Kochine."

That pathology is the shady side of physiology.

That the sunny side of life is always the outside

That charity begins at home, but reform is different.

That feverishness is often a symptom of bedding.

That insomnia is one of the crying evils of the present day.

That much harm comes from too many visitors in the sick-room.

That such a thing as the presence of a third ovary has been known.

That a Christmas chromo without a soap advertisement on it is a rarity.

That if you want to get a man's candid opinion of you, just make him mad.

That iodoform gauze is the best material with which to tampon the vagina.

That a man who is his own worst enemy has a born fool to take care of.

That gonorrhœal rheumatism is more properly called blennorrhagic arthritis.

That the man who doesn't think his baby is the prize baby hasn't got any baby.

That our office-boy wants to know why the shell of a lobster becomes red on boiling.

That skin disease will not yield to treatment until suitable alimentation is provided for.

That injections of hot water per rectum will relieve neuralgia of the surrounding parts.

That if you should take the conceit out of some people there would be nothing left to bury.

That the survival of the fittest is too often the survival of the fellow who can run the fastest.

That cases trephined for epilepsy cannot be pronounced finally cured until five years have elapsed.

That it was never intended that the pleasures of living should be lessened by the thoughts of dying

That the general medical council of England has extended the term of study from four years to five.

That the "elixir" used by Succi, the faster, consists of a mixture of chloroform, chlorodyne and haschisch.

That all movements of the body are the result of muscular action except ciliary and amæboid movement.

That a man is always mighty good to his wife the first day after she has caught him doing something wrong.

That some people are so mean that they would ask a man to pay rent on the place he occupies in their esteem.

That windows are made to open, while doors are made to shut; remember this in matters of ventilation.

That it is all right for some people to be right, but the noise that many of them make over it is perfectly horrid.

That you should never tell your troubles to others lest you take up the time of the man who wants to tell you his own.

That the new lymph cannot be introduced into this country without paying duty, because it will interfere with home consumption.

That according to the Bible it was Agur who prayed, "Give me neither poverty nor riches," but an Indiana doctor says that all he needed was quinine.

That if man should actually do in sleep all the strange things that he dreams, it would be necessary to put every one in a straight-jacket before going to bed.

That the International Medical Congress was attended by eight thousand seven hundred and fifteen physicians, of whom one thousand three hundred and seventy-nine were women.

That the death-rate in the case of brewers, commercial travelers, and other classes exposed to the temptation of frequent alcoholic drinking is six times greater than in all the other industries combined.

That there is a distinguished professor of surgery in Chicago who always takes a light whalebone probang with him when he goes to a dinner-party, in order to relieve any guest who might by chance choke on a mouthful of meat.

That a man in New Jersey lived to be 105 years old by taking a whisky toddy every night just before going to bed, but it wasn't the toddy that prolonged his life so much as it was the good sense he showed by climbing into bed as soon as he had taken it.

THE MEDICAL ERA

COMBINED WITH THE MEDICAL COUNSELOR. DEVOTED TO HOMŒOPATHY AND THE ALLIED SCIENCES

VOL. IX. CHICAGO, FEBRUARY, 1891. No. 2

CH. GATCHELL, M.D. EDITOR.

LIFE INSURANCE COMPANIES AND HOMŒOPATHIC PHYSICIANS.

Dr. J. B. Dunham, of Wenona, in this State, sent an inquiry to us that was published in the December ERA, that has called forth numerous replies. He asked for the names of reputable old-line life-insurance companies that did not discriminate against homœopathic physicians in the appointment of their medical examiners.

The letters that we publish in this issue of the ERA indicate that there are several old and well-established companies that make no distinction between the schools in this respect. While this is very gratifying, yet the fact remains that there are companies, and many of them, that will not accept the examination of a homœopathic physician. We have the impression that the Equitable, of New York, is one of these, though, if we have been misinformed in the matter, we will gladly make the correction.

But it is an injustice to our school that such discrimination should be made by any company. Homœopathic physicians to-day are as well educated as are their colleagues of the old school. They are as well skilled in physical diagnosis, in urinary analysis and the diagnosis of diseases of the kidneys—always an important part of an examination for life-insurance—as well as in all departments of medicine, as any graduate of an old school college. They enjoy large practices among a good class of people, and are as familiar with disease in all its forms as are old school physicians. In a word, they possess every qualification necessary to fit them to act as medical examiners, and to discriminate against them for any reason is both unwise and unjust.

So long as this is done, homœopathic physicians will be but looking to their own interests, as well as asserting their own self-respect, by favoring those companies that make no invidious discriminations against our school. In taking out insurance for themselves and for the members of their families, and in advising their patrons, with whom they are in close relations in matters of this kind, they should seek to return good for good, by favoring those who favor them.

No fault can be found with this doctrine.

ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION.

The preliminary announcement of our State Association has been issued by the active and efficient secretary, DR. T. E. ROBERTS.

The Association will meet at Springfield, May 12, 13 and 14, 1891. Matters of importance connected with medical legislation and with homœopathic representatives in State institutions will come before the meeting.

It is time to begin making preparation.

WHAT IS A HOMŒOPATHIC PHYSICIAN?

Many more have spoken.

We publish in this issue several long replies to the question sent out. In addition, we give a letter from DR. GEO. B. PECK. While this letter was not sent with the expectation that it would be published, yet it contains such a careful analysis of the subject that we feel that the readers of the ERA, who are certainly interested parties, should have the benefit of it. The liberty we have taken, we are sure, will be pardoned.

Next month we shall act upon DR. PECK'S

suggestion, and give a synopsis of the replies still unpublished. We are glad that Dr. Peck has set us right in the matter of Prof. T. F. Allen's definition, which we failed to copy from its original source.

MEDICAL LEGISLATION IN MICHIGAN.

Germany was the birthplace of homœopathy; the United States is its home by adoption.

In no part of the world has the new system flourished as it has in our country. In England, in France, in Spain, and even in Germany it has comparatively few practitioners, and no college that can grant a degree.

The reason for this is not far to seek. While in Europe last summer Dr. Jas. C. Wood, of the University of Michigan, sent a letter to this journal that contained the following:

Permit me to remind those of my American co-workers who are willing to submit to the *single* examining boards, with minority representation, that this is the millstone around the neck of homœopathy in Europe. In England, for instance, the entire licensing power is in the hands of the old school. The result is ruinous so far as homœopathy is concerned, for, with an allopathic board to pass, students with a predilection for homœopathy, hardly dare begin the study of medicine under a homœopathic preceptor, for he will then fall a victim to prejudice like that which, in America, excludes homœopathy from the army and navy service. Consequently, all recruits must come from the ranks of the "regulars," and from experience we know that these are not many.

The Medical Era has already several times called the attention of its readers in that State to the great importance to them of the events of the winter at Lansing. The result of prospective legislation at the present time being prepared, is of vital importance to homœopathy. The old school has not been so active in more than fifteen years. The homœopathic physicians of the State must combine to defeat their designs. Action should be directed to one purpose—to promote the passage of the bill prepared by the Legislative committee of the Homœopathic Medical Society, of which committee Dr. I. N. Eldridge, of Flint, Mich., is chairman, and Dr. D. M. Nottingham, of Lansing, is chairman. The bill referred to is fair to all, and it is the only one which should be permitted to pass, if any medical legislation is to be enacted.

Every homœopathic physician in Michigan should communicate with his local representative and lay the facts before him.

ORIGINAL ARTICLES.

For the Medical Era.

THE HOMŒOPATHIC PHYSICIAN.

By Prof. R. N. FOSTER, M. D.
CHICAGO.

IN attempting the definition of the term "homœopathic physician," we are first of all confronted with the fact that the term "physician" is itself far from being one of strict significance, and to define the particular term strictly, while the principal term is vague, is impossible. We are compelled to recognize the fact that the title "physician" is one of great antiqnity, and one that has undergone many changes of signification. Indeed, these varied significations are with us yet in every form, from the "medicine man" of our Indian tribes up to the graduate of our most orthodox colleges. We find in appropriate districts the ancient midwife with her herbs, the itinerant with his panaceas, the magnetic healer with his massage, the Christian socialist with his mind-cure and in every newspaper the unscrupulous quack, with nothing on earth but his advertisement. The electrician, the movement cure man, the hydropathist, the saint who cures by mind, and the superstitious who cure by charm; all these and many more, behold, they are with us still! But however different in quality and mode, there is one common bond that unites them all in one class, and gives us the definition of the "physician;" they *all profess to cure the sick.* This reminds us at once of Hahnemann's superb generalization: "The sole duty of the physician is to cure the sick." If we cannot do that we have no honest reason for being. Curiously enough, the word "physician" does not itself bear this significance. It is a term which has had transferred to it a meaning quite different from its own. The "physician" is in philology a "naturalist," a student of nature, no more, no less. But because the student of nature is the best qualified for the cure, that is the "care" of nature, when nature is most in need of care (as in wounds or sickness), the naturalist became the care-taker, the carer, or curer. Thus the largest meaning of the "physician" is "one who cares for the sick." The essence of the physician under all disguises is this function of caring for, taking care of the sick. Hahnemann was right.

Now we must not lose sight of the fact that the physician, no matter how much scientific grandeur he may assume, whether as a graduate of the Boston University School of medicine, or of the Johns-Hopkins University of Baltimore is still no more than an humble fragment of humanity, honestly endeavoring to take care of the sick. Of course, we all know that he was something more divine than this in the days of

mythology, but he is not now. The fact is, if we find a poor ignorant old woman alone, on the outskirts of our civilization, doing her level best with her limited means, and still more limited intelligence, to rescue a neighbor's child from the grasp of croup, that woman is, then and there *a physician*, essentially, and to all intents and purposes, as much as Dr. Koch of Berlin, who is, (perhaps quite as vainly) struggling before all the world to "cure" tuberculosis. For the essence of the physician is the effort to cure the sick. We must not at this vital node permit ourselves to be uncertain or confused. The callow graduate or the overdone editor, may unwarily deem himself of a diviner essence than the poor woman of the backwoods struggling with croup. But he is not. He is, like her, trying his best to care for the sick—or he is not. And if not, then what is he doing?

But leaving the rest to the good judgment of the reader, we proceed to say that this *universal* carer for the sick, like every other universal being, takes on various special forms according to his genius and circumstances. He devotes himself more and more exclusively to this special work; he studies it in all its details, hygienic, dietetic, therapeutic, surgical, chemical, climatic, and so on; he proceeds to instruct others for the work, and make special provision for the instruction; he thus founds schools, colleges, hospitals; he thus becomes quite legitimately and honestly more and more a "physician," a curer of the sick, or a carer for the sick. That is all the essential difference between the college professor and the old woman with her "yarbs." It does no harm to remember the likeness as well as the difference. Both enter into final definitions.

On this broad and quite natural basis there is only one difference among physicians, the difference of more or less; he who brings to his work of caring for the sick, the most thought, the most study, the most zeal, the most sincere endeavor, the most skill, and the most experience, is the most perfectly and the most truly a physician. Hence it arises that the systematically educated physician is so immeasurably superior to the uneducated, at least so far as ability is concerned. He may be more sincere—he may sometimes even be less so—but his preparation is more thorough. Herein we shall find but little disagreement either among the laity or in the professiou. Any disagreement that may arise subsequently, such as those now existing among the various schools, have not only a different origin from ordinary medical differences, but actually proceed from sources quite distinct from those in which medicine originates.

For instance the designating of physicians as "regular" or "irregular" is not possible except with reference to some standard by which the regularity is measured. As a matter of fact such standards at present are two only, viz., an educational curriculum, and compliance wi the laws of the State, so far as these laws have reference to the practice of medicine. In any civilized country in the world, the man or woman who completes the course of instruction prescribed by a medical college, and passes the examination required by the State, is as "regular" as it is possible for any physician to be made. Colleges may vary in their requirements, and States in their laws, but nevertheless that physician is in every respect "regular," no matter how unfit or incapable he may be who is thus legally and educationally qualified and equipped by State license or certificate, and by college diploma,

The physician may now for certain other valid reasons assume various forms and designations, all of which still specify him, but none of which invalidate his claim as a "regular" physician. In the strictest sense indeed, it is the law of the State, which in all civilized countries now determines who shall be the legally qualified and accepted physician. In other words, any physician is a "regular" physician who is legally a physician in the place where he resides and practices. The cogency of this fact was so appreciated by the president of the International Medical Congress held at Washington, that he in so many words announced to the medical world that any physician who was legally such in the State or country in which he resided, was *ipse facto* a member of every such congress. Thus a man's calling himself a "regular" physician, or a medical organization great or small, calling him such, has not the slightest importance, except that it may soothe the individual imagination. He only is the "regular" physician who is a physician legally.

The result is that homœopathic, eclectic and old-school physicians are all alike "regular" in almost all civilized countries. It is only necessary that they shall have qualified educationally, or otherwise, according to the laws of the State in which they reside.

So we are all "regular" physicians; and in the eye of the law, our only real constituent, we are all equally such.

But now this does not present the possibility of other and subordinate divisions, of a more special character. Two men, equally "regular" in all respects, Hahnemann and Hufeland, may so far differ in their views of materia medica and therapeutics, that one believes homœopathy to be the law of cure, and the other does not. This does not make either "irregular." It does

not prove either better or more nearly right than the other. As "regular" physicians, which both were, each had a right to his own views and practice. Out of this simple difference between two undoubtedly "regular" physicians grew a very distinct system of theory and practice. The new growth soon formed a complete new materia medica, a new and systematic therapeutics, and in accordance therewith a new hygiene, a new dietetic, and a new medical literature. Following hard upon all this came new medical colleges with everything pertaining to such institutions, new medical organizations, new hospitals, and new medical journals. With all this went on, in spite of every opposition, an increasing adherence of physicians to the new movement until now they are thousands in number, and daily increasing wheresoever the State permits freedom to do so.

Now this is not, as many at first supposed, the whim of an hour, but a great movement, already historic, and destined to last with more or less modification for centuries. If universal venesection and purgation could last two or three thousand years, why may not homœopathy last as long as disease?

A homœopathic physician is not a man, or any man who gives a dose of ipecac third for a specific kind of vomiting, such as only ipecac produces; HE IS A PHYSICIAN WHO IS IDENTIFIED WITH THAT HISTORIC MOVEMENT IN MEDICINE JUST OUTLINED. Just as an old-school physician is one who preceded this movement, and has antagonized it, conservatively or otherwise, from its beginning until now. In other words, he is identified with a different movement in medicine, especially with reference to materia medica and therapeutics. Each physician is regular, and the terms "old school," "homœopathic" and "eclectic" are quite appropriate, not that any one of them defines exactly the precise prescription that any of these physicians makes in a given case of disease. Such precision would require that every physician should have an exact definition for every prescription he makes; so that Dr. A. would be at one patient's side a calomel physician, at another's an opium physician; while Dr. B. would be now a belladonna, and now a colocyuth physician, while the "expectant" brother would be no physician at all. All the difficulties of definition arise out of a forgetfulness of these differences. There is a general definition first including all physicians,—all "regular" physicians—which simply means all "legally constituted" physicians. Then there is a subordinate definition, which includes the various distinct branches of this one trunk. Then come the specialists, such as oculists, hydropathists, and all the large family of those who choose special organs or special methods for their field of work. Last of all comes the individual physician, and him we are called upon to define briefly. But we do not think it possible so to do without this preliminary glance at his genesis and wide relationship. For it is not the individial that makes the designation either important or significant; it is the large movement of which the individual is but one small part—a movement which lasts through generations and modifies and revolutionizes the practice of the world.

Therefore we define a homœopathic physician as any regular physician who is identified with the great historic movement in medicine known as homœopathy.

As a matter of course the "old-school" physician and the eclectic, *mutatis mutandes*, are defined in the same terms.

In actual practice these three classes of physicians may and do often change places (and rightly, so long as they do so openly and honestly), any one using the means and methods of the others. But the adherence of the individual to one or the other of the large divisions in their historic movement and relation, classifies him completely. If a professional brother objects to our calling him "old-school," or "allopathic," or even "regular," saying that he is just a physician, neither more nor less; we have only to reply that he belongs then to our universal class or *genus*, and is just the same as all of us, and so can be the antagonist of none. But he cannot enjoy the position of an antagonist and escape classification, both at the same time. So in this case we respectfully call him "old-school."

Thin people who wish to put on flesh must sleep all they can; keep early hours for retiring; lie down in the middle of the day; drink a great deal of water; eat heartily, especially of farinaceous food; take plenty of exercise, but in moderation. Be cheerful. Sterne says that "every time a man laughs he adds something to his life."

For Drowsiness or headache occurring at the change of life, or from perverted action of the uterus, Dr. Tilt orders eau de cologne saturated with camphor to be rubbed into the head. A lotion of equal parts of liquor of ammonia and spirits of camphor dabbed on the painful surface is a useful application for the heat and sensation of weight at the top of the head, so frequent at the change of life and from menstrual disturbances.—*Ringer.*

A DEFINITION.

BY PEMBERTON DUDLEY, M. D.
PHILADELPHIA.

I VENTURE to offer the following as a correct and complete definition of the designation:

"A HOMŒOPATHIC PHYSICIAN."

A homœopathic physician is a practitioner of medicine who believes in, and employs, the similarity of drug-symptoms to disease-symptoms as a guide in the selection of remedies for the treatment of the sick.

This definition needs a few explanations:

1. He must be a "practitioner," i. e., actually engaged in the practice of medicine, else he cannot be called a "physician" except by way of courtesy.

2. Physicians may, and frequently do, "employ" the principle of similars for mere purpose of experiment and for the purpose of ascertaining the value or worthlessness of the method; but such practice does not constitute them homœopathic physicians. Hence, a "belief" in the method is essential.

3. Millions of laymen "believe" in the method but do not practice it; hence are not "physicians" of any kind. Moreover, an allopathic physician may "believe" in the principle, while from policy or for some other reason he may prefer to continue his old method. Such a person cannot be considered a homœopathic physician. Hence, "employment" of the method is essential to the definition.

4. Allopathic physicians frequently use remedies capable of producing effects similar to those of the case under treatment, but, according to their own statements, they do so merely because the drug so used has previously been of service in similar cases. Such employment of drugs is not guided by "similarity," and while its action may be termed "homœopathic," the act of the physician is not. Hence, the occasional or frequent choice of the "similar remedy" for any other reason than the *fact* of its "similarity" does not constitute the prescriber a "homœopathic physician."

5. The choice of remedies is always determined by preference, and the mode of making the choice is similarly determined. The choice of the homœopathic method in any given case indicates that the physician believes it the best —not the only—method for that case. He may have at his command other guides in determining his treatment and yet employ the homœopathic. Hence, it is not essential to our definition that the physician shall believe in the principle of similarity as *the* guide, but only as *a* guide in the selection of the remedy. A belief in homœopathy does not necessitate a disbelief in any other method, though it usually does lead to a study which greatly modifies the physician's confidence therein.

6. It is possible for a physician to prescribe the similar remedy without any previous knowledge of the mode by which the properties of the drug have been discovered, without any knowledge of drug incompatibilities and antagonisms, without any knowledge of their chemical action one upon another, without any knowledge of the comparative therapeutic powers of large and small doses, and without any knowledge of the effects of dilution, trituration and succession in developing their therapeutic properties. While this knowledge may be essential in the make-up of a safe and successful practitioner, it is not necessary in the definition of a physician as a homœopathist. Hence, in defining a homœopathic physician, it is not essential to include his adherence to any opinion in reference to the proving of drugs, to the use of the single remedy, to the minimum dose, or to the dynamization theory, even though we all may admit that correct views on these subjects will add to his success as a physician.

Mr. Editor, my sermon is not "brief," but why did you give us so large a text?

WHAT IS A HOMŒOPATHIC PHYSICIAN?

THE following letter written by Dr. Geo. B. Peck, we publish because it contains much of interest to ERA readers at the present time.

As you are aware, I intended my card simply for "Opinions Expressed," and supposed that would be the end of it.

You have done a very good thing, and the result must be beneficial to the cause.

I was particularly gratified by the substantial unanimity of the profession.

I fear you have done Prof. T. F. Allen an injustice by omitting the last two lines of his definition as found on page 61 of the *North American Journal of Homœopathy* of last year, which reads:

Every man who believes that homœopathy offers the best therapeutic means for curing the sick is a homœopathic physician, no matter how far his learning may enable him to put it in practice, nor how far he may err in giving his remedies.

These latter words mean, *if he employs it according to his best ability.* With this interpretation he is in accord with a number given, but, as quoted, it is untenable, for, since actions speak louder than words, to use the saying of a comic almanac I once saw, "Most men mean well enough, but how like the devil some do act."

Dr. Pomeroy's definition has the merit of theoretical accuracy, but as the Creator is the only being I know of that possesses exact knowl-

edge of persons and things, it is not practically available.

If Dr. N. Emmons Paine had specified his exceptions, and Dr. H. M. Paine informed us what the man endeavors to do with the *minority* of his cases, we should be able clearly to understand their definitions.

Drs. Sutherland, Cowperthwaite, Gorham (save his restriction of the term to the college-bred, which seems to me irrelevant, however important), Jenks, Lamson Allen, Wm. Owens, Champlin, Draue (depending upon what scope he gives the word adjuvant), Lippincott, Smith, and Hasbrouck, are alike in perfect accord with me.

Dr. Mack's definition—a physician who believes in similia—is open to the same objection as Prof. Allen's as printed. A man must be classified according to his deeds and not according to his professions.

Dr. Beebe may or may not be in accord with the majority according to one's understanding of the phrase "such other measures."

There is nothing in the phraseology of Dr. Munroe's reply necessarily antagonistic to Hahnemannian homœopathy, that occurs to me at this writing—it depends, however, upon what he means by mechanical and chemical cures.

Dr. Owens' second sentence was one too many. An interpretation *can* be put thereon which completely nullifies his first.

Dr. Watson, possibly, may not differ so much from me as would appear at first sight. The amount of education a man has is, as I have already said, irrelevant. The only point of doubt is as to just what he means by the term "remedies." As to how much a man "sees in the law," it is nobody's business comparatively. That is why I used the term "working rules." He may believe it a law, a principle, a formula or a guide—so long as he follows it to his best ability, the result is the same. Personally I recognize the phrase as a law, and the only law, or else it is valuable, for there are no boundary stones to tell where its domain ends and another's begins. Therefore do I prefer the subjunctive form, for it has the force of a mild imperative—let like be cured by like.

In a definition no word or phrase should be employed capable of a double interpretation. Most of those published have that merit.

It would be gratifying to your readers to know the total number of replies received, the number in *substantial*—or, allowing for the natural variation in the use of words by men—in *exact accord* with the majority, as herein indicated; also the number in the various other classes, as typified by certain replies printed.

Yours truly,

Geo. B. Peck, M. D,

COCAINE: A LECTURE.

By Chas. S. Mack, M. D.
Ann Arbor.

DO not let there be in your minds any confusion as to whether cocaine is derived from theobroma cacao, the tree which affords cocoa and chocolate. It is not.

Erythroxylon coca is the name of a shrub about four feet high, indigenous to the mountains of Peru and Bolivia. It is cultivated in Brazil, the Argentine Republic and other countries of South America. The aborigines of South America, long before their conquest by the Spaniards, were addicted to the use of this plant. The dried leaves they carry with them and chew, something as tobacco chewers do their weed. There seems no reason to doubt that by this use of coca leaves they are enabled, for a time at least, to make with less fatigue unusual exertions—as in long foot journeys, carrying burdens, working in the mines, etc. "From the accounts of intelligent persons who have used the coca, it appears to exhilarate the spirits, invigorate the faculties both mental and physical, inspire courage, and, in fact, to be a powerful nervous stimulant, as this term is defined in the present work." (*a*). It seems probable that the daily moderate use of coca is not injurious, but that the habitual use of it in excess disturbs the digestion and causes insomnia, emaciation, ascites and great enfeeblement of the intellectual faculties, and sometimes a condition of general marasmus in which the victim dies.

The leaves of erythroxylon coca contain three alkaloids—cocaine ($C_{17}H_{21}NO_4$), ecgonine, and hygrine. Of these alkaloids the one first named is the subject of the present lecture. It was first isolated in 1855, and was long studied before its power as a local anæsthetic was recognized; that it had this power was observed so early as 1868 (*b*), but the fact did not attract general attention until the year 1884, since when the alkaloid has been famous as a local anæsthetic. The salt of cocaine most frequently used is the hydrochlorate; besides it the salicylate, the citrate and a few other salts have been used.

With the power of cocaine as a local anæsthetic you are already thoroughly acquainted through current medical literature, and through clinical observation. Remember that the local anæsthesia which cocaine induces is a pathogenetic effect of the poison, and that no drug should ever be used for the sake of its pathogenetic effect excepting with care. Alarming effects of cocaine have occurred most frequently in cases where the drug was subcutaneously injected; they have, however, followed its administration by the mouth, and its application to the eye throat, urethra, vagina and various mucous membranes. Mathison in 1887 had collated report

of more than forty cases in which symptoms more or less alarming had been caused by cocaine (*c*). Of these cases four were fatal. Of these four fatal cases the first was where 23 or 24 grs. had been injected into the rectum to induce local anæsthesia preparatory to operation upon a large tuberculous ulcer of the rectum; the surgeon was so distressed over the fatal poisoning that he suicided. The second case was peculiar. A physician three times applied a 4 per cent solution of cocaine to a patient's larynx; three and a half hours later the patient was unconscious, his breathing was labored, his respirations were 20, and his pulse 90; he was in the condition of a profound anæsthesia. Whisky was administered hypodermically, and in half an hour the patient had partially regained consciousness; by degrees he entirely recovered, excepting that he still felt greatly exhausted. Four days later cocaine was again locally applied to the larynx. The surgeon, thinking that the alarming effects of the previous application had been partially due to the patient's swallowing some of the solution, this time twice used a 2 per cent solution, and had the patient thoroughly rinse the pharynx after the application. Notwithstanding these precautions, symptoms occurred similar to those of four days previous, and on this occasion the patient did not rally; he died, the immediate cause of death being, it is believed, paralysis of the respiratory center due to cocaine. The third of these fatal cases was one in which a woman died from the effects of a 4 per cent solution which she had been freely using for relief from toothache due to several much decayed teeth. The last of these four fatal cases was that of a girl eleven years old, who died in a few seconds after the subcutaneous injection of between four and twelve drops of a 4 per cent solution of cocaine; the injection had been given to relieve her of fainting fits, "she having cardiac degeneration, sequeling scarlatina." Other cases of fatal poisoning of human beings by this drug have been recorded (*d*). I dwell upon the record of these cases, not to dissuade you from careful practice with cocaine as a local anæsthetic; but to impress upon you the fact that this practice should never be followed carelessly, and to acquaint you with some disastrous results which the drug is capable of producing.

Before leaving this subject of possible dangers attaching to the use of cocaine, I would say that in a number of cases panopthalmitis has been attributed to local applications of this drug to the eye, and that in some cases it has been thought that the drug caused exfoliation of the corneal epithelium, keratitis, or transient opacity of the cornea (*e*).

In using cocaine remember, too, that there is a cocaine-habit—that this habit is, perhaps, as hard a master as the morphine-habit, and as destructive. S. O. L. Potter (p. 184) speaking of the cocaine-habit says: "Loss of digestive power, absolute insomnia, enfeeblement of the intellect, great emaciation, ascites, general marasmus, nausea, decay of the teeth, an excessively fetid breath, amplyopia, visual hallucinations and complete anorexia form a consensus of symptoms which rival the worst effects of the opium-habit. Some observers report the most extraordinary mental changes resulting from Cocainism, and exceeding those produced by any other drug. The most intense selfishness, utter disregard of all social and domestic duties, the most debasing habits, complete destruction of all noble qualities, and a general condition of depravity are some of the results which are being charged to this drug."

Unmodified Dynamic Effects Producible in Human Beings by Cocaine.

[Characteristics are italicized. Numbers refer to the text below.]

HEAD, MIND AND NERVOUS SYSTEM—*Increased functional activity of the brain; increased activity of intellectual faculties. A pleasant feeling of exhilaration and well-being; very talkative and constantly in motion. Anxiety, restlessness, nervous irritability. This excitement may pass into delirium with delusions and hallucinations and with tendency to exaggeration.* In delirium the subject is sometimes jolly, laughing, etc.; he is sometimes quarrelsome, maniacal, homicidal, and has to be restrained; the delirium sometimes resembles delirium tremens. Dullness of intellectual faculties, confusion of ideas, impairment of memory and will-power. Apathy.[1] Headache, a feeling of heaviness in the head, with drowsiness. A piercing pain in the temple running around to the back of the head, with a feeling as if the top of the head would split open (?).[2] *Giddiness, faintness, vertigo increased by rising from a horizontal position; a staggering, tottering gait.*[3] *A tingling and pricking sensation especially in the extremities.*[4] An increase in the reflexes (as the patellar). Cramps in the legs and feet; especially cramps on dorsal aspect of the right foot (?). Jactitation; twitching (in one case compared with that of chorea) (*i*). Slight convulsive movements in various parts of the body, sometimes epileptiform. Tetanic convulsions, involving all the muscles of the trunk and extremities, opisthotonos, trismus[5]. A sensation of bodily torpor, followed by somnolency. Diminution or complete paralysis of general sensibility and the power of motion. A feeling of growing lighter and of flying away.[6] Partial or complete coma. Flushing of the face. Pallor of the face, *Cyanosis of th face*

with an intense feeling of suffocation in the cardiac region. Sweating on forehead.

Eyes—*Dilation of the pupil.*[7] Photophobia. Transient complete amaurosis.[8] A sunken, haggard look about the eyes (?).

Ears—Ringing in the ears; transient deafness.[8]

Nose—Cramp-like working of the nostrils(?).

Alimentary Tract — Decay of teeth (?)[9]. Loss of appetite with thickly coated tongue and fetid breath.[9] *Feeling of dryness in the mouth and throat.*[10] *Difficult deglutition.* Sensation as of a foreign body in the throat. Feeling of warmth in the stomach.[11] Feeling of slight pressure in epigastrium.[12] Severe cramps in stomach with nausea and vomiting.[13] Diarrhœa, constipation.

Circulatory System—The frequency of the pulse is sometimes increased, sometimes diminished. *Whether its frequency is increased or diminished, the pulse becomes fuller and stronger.* Pulse may become intermittent every fifth beat (?), or irregular, or very feeble and very rapid.

Respiratory System — *Respiratory movements are quickened, very superficial, chiefly thoracic and very easily executed*[14]. Dyspnœa. Sometimes a sense of constriction about the chest.

Urinary System—Increase in amount of urine passed (?). Diminution in amount of urine passed (?). Albuminuria and glycosuria(?). (*g*).

Sexual System—Aphrodisiac(?). Anaphrodisiac (?).

Skin—Skin hot and dry. *Sweating on forehead. Sweating with tingling and prickling sensations.* Profuse diaphoresis (?). Scarlatinoid rash[15].

Other Effects—*Increase in muscular power, followed by a feeling of weakness and even of extreme prostration. Rise in temperature.* Temperature is sometimes lowered (?) (*s*). Subjective sensation of intense cold. Shivering with chattering of teeth while temperature is above normal (*t*). Hands cold and sweating. *Ataxic* (?) *aphasia.* Insomnia.[9] Ascites.[9] Hiccough. Great emaciation.[9]

1. In the foregoing there are recognizable the two stages into which writers usually classify the effects of this drug upon the cerebral functions, viz.: a primary stage of stimulation, and a secondary stage of depression.

2. When a drug has been long under observation it sometimes seems well to cautiously omit from records of its pathogenesy phenomena which have been observed so rarely as to justify a belief that they were not due to the drug. Our knowledge of cocaine as a dynamic agent is of so recent date, that I have preferred to omit nothing; but such recorded items as seem conspicuously of questionable value I have indicated by an interrogation.

3. This giddiness, faintness, etc., are likely due to the weakness of the heart's action and consequent cerebral anæmia, a view supported by the fact that in some observations "the stated symptoms occurred only in the erect position," and "did not occur in robust persons, and were singularly pronounced in anæmic individuals" (*f*). The giddiness, vertigo, etc., as well as the staggering gait, may be due in part to an action upon the semi-circular canals; to such an action of the drug disturbances of equilibrum, loss of co-ordination, notatory convulsions and opisthotonos in some animals have been attributed (*g*).

4. It is, perhaps, probable that these sensations are due to the early action of the drug upon the sensory nerves themselves, but that more profound disturbances of sensibility are associated with changes in the sensory columns of the spinal cord (*g* and *h*).

5. In experiments it has seemed that in some of the lower animals cocaine caused convulsions by acting upon the cerebrum; in those experiments the convulsions ceased when the spinal cord was divided (*g*).

6. A feeling of lightness and of flying is attributed to various narcotics. It is probably due to the diminution of sensibility, by reason of which diminution the subject misses the sense of contact with surrounding objects.

7. Dilation of the pupil is an all but constant effect of either local application or constitutional poisoning. In one case the pupils were said to be contracted, and an incorrect diagnosis of opium-poisoning was made (*j*). There may be some question whether contraction of pupils in this case was due to cocaine. It reduces, but does not paralyze, accomodation. (*k*).

8. Amaurosis and deafness were observed in a case of constitutional poisoning from intravaginal injection of cocaine. They were attributed to cerebral anæmia. Patient recovered under treatment (*l*).

9. See above quotation from S. O. L. Potter on effects of the cocaine habit.

10. Marked among constitutional effects of a hypodermic injection (*m*). It is frequently recorded that the secretion of saliva is diminished, but in one case (*n*) excessive salivation was noted after the free use of a solution, which probably was applied locally to decayed teeth.

11. From taking the drug into the stomach.

12. From hypodermic injection into arm.

13. Severe cramps in the stomach have occurred when the drug had been taken into the stomach (*o*). As nausea and vomiting sometimes follow hypodermic injections, it may be surmised that the drug is a general emetic.

14. It is believed that the drug increases fre-

quency of respiration by stimulating the respiratory center, and that doses large enough kill by paralyzing that center (*p*).

15. I notice records of such rash in but one case. The drug had been applied to the teeth and gums and perhaps some of it was swallowed (*r*).

THERAPY.

You will find little or no record of homœopathic practice with cocaine. Give it when indicated. In T. F. Allen's Handbook of Materia Medica and Therapeutics you will find record of it as a pathogenetic agent.

REFERENCES.

(*a*) Geo. B. Wood's Therapeutics and Pharmacology, third edition; Vol. I, p. 627.
(*b*) The Pharmacology of the Newer Materia Medica; Part VI, p. 418. (Geo. S. Davis, Detroit.)
(*c*) *Ibid.*; pp. 438 and 452.
(*d*) *Ibid.*; p. 449.
(*e*) *Ibid.*; pp. 442-3, 488, 489, 491, 499. Cyclopædia of Drug Pathogenesy; Part VI, p. 276. Ringer's Handbook of Therapeutics, eleventh edition; p. 572. S. O. L. Potter's Materia Medica, Pharmacy and Therapeutics (1887); pp. 184, 791.
(*f*) The Pharmacology of the Newer Materia Medica; Part VI, pp. 432-3.
(*g*) Brunton's Pharmacology, Therapeutics and Materia Medica (adapted to U. S. P. by F. H. Williams), third edition; pp. 878-9.
(*h*) C. D. F. Phillips's Materia Medica and Therapeutics (1886); p. 148. Bartholow's Materia Medica and Therapeutics, seventh edition; p. 514.
(*i*) The Pharmacology of the Newer Materia Medica; Part VI, p. 450.
(*j*) *Ibid.*; p. 444.
(*k*) *Ibid.*, 498; also Hare's Practical Therapeutics (1890), p. 133; also Cyclopædia of Drug Pathogenesy, part iv, p. 270.
(*l*) *Ibid.*; p. 561. Also Cyclopædia of Drug Pathogenesy; Part VI, p. 275.
(*m*) Cyclopedia of Drug Path.; pp. 271-2.
(*n*) The Pharmacology of Newer Mat. Med.; p. 454.
(*o*) Cyclopædia of Drug Path.; pp. 274, 275.
(*p*) Biddle's Materia Medica and Therapeutics, eleventh edition; p. 125. Also other works on materia medica.
(*q*) Ringer; 571.
(*r*) The Pharmacology of Newer Mat. Med.; p. 456.
(*s*) Cyclopædia Drug Path.; pp. 272-3.
(*t*) *Ibid.*; p. 274.

In certain districts in Ireland an unrestricted traffic exists in an article known as ether, which is a cheap and powerful intoxicant. Owing to its use as an intoxicant, many serious crimes have been committed, and great moral and material injuries have fallen upon the humbler classes of the population, and the beneficent effect of liberal laws, passed for the suppression of intemperance, has been to a great degree defeated, inasmuch as the traffic referred to is not subject to any legal regulation or supervision such as controls the sale of other similar dangerous drugs.

The Supreme Court of Georgia has decided that the proprietor of a patent medicine is liable for damages for the injury done to any person who takes the medicine according to directions.

ACNE AND ITS RELATIONS WITH INTRACTABLE DANDRUFF.

By EDWARD BLAKE, M. D.
LONDON, ENGLAND.

Part II.

WE come now to a matter of extreme interest; it is the method of removing recurrent acne pustulosa, a confessedly obstinate and certainly a most disfiguring disease.

We have seen that scurf may be an acquired disease of contagious character. Such a view is, of course, very much opposed to popular belief, which holds dandruff to be one of the manifestations of a so-called "blood disease" the "King's Evil."

Now the word "scrofula," which has a resemblance as far as sound goes to "scurf," does not happen to be at all nearly allied to it. *Scrofula*, literally "a small sow," is a derivative from *scrofa*—a grubber.

According to Skeat, the word "scurf" comes to us from the A. S. verb, scœorfan, to scrape; it must own therefore the same root as "scurvy."

The etymology of "dandruff" is unknown, but in sound it has a very near congener in the Bretagne form *tan-droug*, literally scurf-bad.

It is interesting that the Greeks, like the Romans, associated struma with the pig. As *sus scrofa*, the domestic pig, gave an adjective to describe enlarged glands, so the Greeks called swollen glands "choirádes" from "Choiros" a pig.

Though we might have a suspicion that the parasitic pathology of the New Hamburg School may greatly modify, even if it fail to revolutionize, modern cutaneous medicine, yet the whole matter to many of us retains some of the characters of a startling novelty. It has not hitherto, so far as I can ascertain, been thought that any clinical relationship could exist between scurf and pustular acne. Yet there seems to be some ground for suspecting such a connection, as I shall presently seek to show by giving the history of two exceedingly suggestive cases which I have been recently watching, and whose details I will briefly narrate.

CASE I. I had treated for two years a lady aged 35, for recurrent acne pustulosa of the back.

She was a tractable patient, and submitted loyally to strict diet rules. All the pustular remedies that I had ever heard of were given, and the result was "a brilliant failure."

I called to my aid a distinguished skin specialist and followed his directions scrupulously, but alas! with an equally unsatisfactory result.

At this stage, acting on the advice of Dr. Shuldham, without any reference to the acne but with a view to removing a dandruff which threatened baldness, I applied alcohol soap fol-

lowed by glycerole of tannin. The result was most instructive to me. With two applications per week, the scurf, which was a very old business, soon disappeared, and, to my intense surprise, the dorsal pustular acne went with it.

Case II. Soon after this a physician of 48 years of age consulted me as to whether anything could be done for his baldness. He stated that he did not see why he should have alopecia as his family did not become bald even in advanced life.

Dr. Shuldham kindly examined him with me. We found the scalp freely movable.

Hair otherwise healthy, was very thin along the parting. There was history of intense itching in that locality, five years ago, and after that the baldness began to set in.

This irritation subsided under the use of carbolic oil, but the hair was not reproduced.

He continued to use the phenol oleate as, without it, so much scurf was generated.

His back was decorated with pustular acne and with a great number of scars of former spots (acne indurata).

He volunteered the information that four days of indulgence in fat ham would always be followed by a pustule on the face.

This apparently unimportant observation as to the relation between acne and the absorption of a carbo-hydrate undergoing a slow process of oxidation supplies, as we shall presently see, a very important link in the evidence before us for elucidating the life history of acne pustulosa.

A form of treatment was adopted in this case resembling that employed in Case I; and with similar satisfactory results. The scurf disappeared *and with it went the acne pustulosa of thirty years' duration.* This was without internal treatment in either case.

Now let us ask what was common to these two cases, and what was the rationale of their cure?

In both there was old existing seborrhœa, dating probably from puberty.

This catarrhal condition of the sebaceous follicles of the scalp affords an appropriate nidus and supplies suitable soil for the micrococcus or the microphyte which induces dandruff. The methods of growth and of distribution have been already considered.

The dandruff is distributed by the comb, the brush and the finger-nail, carrying with it the peculiar causative microphyte.

Where it encounters the oily or viscid material oozing from a sebaceous follicle about to pass into the comedo stage, it is mechanically detained and if not disturbed by hot ablutions, by vigorous toweling or by the manœuvres of the Turkish bath, it sets up a specific irritation known as acne papulosa. If through the presence of bacteria the sebum decompose and break up into a variety of volatile principles and of fatty acids, some of these being possessed of a horribly fœtid odor, the resorption of these acts like the butyric and other acids of the ham fat, by inducing suppuration or local sphacelus with a development of the usual staphylococci, streptococci and allied organisms found in abscesses.

Papular acne is most common, as pointed out by Dr. Frank Payne,* on the parts formerly endowed with hair but now, possibly through evolutionary changes, bereft of it. It is found as I have myself observed on the fixed points of skin, whilst it is rarer on the mobile portions. It is unknown under the chin, and this is especially noteworthy, for that region is protected by the projecting jaw from the impact of scurf-scales descending from the hairy scalp.

It is an old clinical observation that fat introduced into a stomach deficient in vitality is prone to produce the exciting cause of pustular acne. For example it follows, in certain people, indulgence in rich pastry and old cheese. That the disturbing element is an acid, seems likely from the great success that sometimes follows the use of free doses of the alkaline salts.

We know that other carbohydrates, besides those already named, are credited with the power of setting up acne of the pustular type. Amongst these the commonest are malt liquors and sugar, especially when their ingestion does not follow outdoor exercise.

With regard to the malt liquors there is of course another possible explanation of the occurrence of acne. It is the introduction of sulphur and its compounds.

There are at least three methods by which sulphur may be introduced into beer. The hops are dried whilst exposed to the fumes of nascent sulphurous acid; barrels are washed with calcium sulphide to freshen them, and the best beer-making waters, as those of Burton, are rich in the same salt.

As we have to deal with two contributory causes of acne pustulosa, seborrhœa as a predisponent and scurf as an exciting cause, the question arises, Shall we attack these (*a*) in their chronological order, (*b*) together, or (*c*) in reverse order? The practical rule appears to be to destroy the dandruff first, and then see to the seborrhœa.

Acne punctata may be removed by means of an ammonia soap which I devised ten years ago

* Note.—See an admirable post-graduate Lecture on Acne, a *résumé* of which may be found in the *Lancet* of Feb. 15, 1890, at p. 339.

for the purpose. Its composition is as follows:

℞ Liq: Ammoniæ.....m 10 to 30;
Aetheris.....℥j;
Saponis moll.....℥j.
Keep air-tight.

First fomeut a small portion of the skin with very hot water, then apply the soap firmly with the ball of the thumb, as if cleaning off varnish from an old oil painting, and very quickly wash away all vestiges of soap. Great care must be taken in using this soap on sensitive parts or with delicate skins, else pretty severe erythema may be set up.

Careful dieting, total abstinence, sharp outdoor exercise, hot baths, Turkish or electric baths assist matters.

Systematic lung-hygiene, *i. e.* enforced expiration followed by prolonged pre-nasal inspiration, brisk towelings, general effleurage, or skin-rolling, sedulous avoidance of excitement, of ices, and of cold beverages, no sea bathing, and the exceptional use of the cold bath, soft woolen clothing, etc., etc., and the use of Sulphur or Arsenic as internal remedies according to indications—these are the main outlines of treatment, to be modified by the special exigencies of individual cases.

THE CURATIVE TREATMENT OF DIPHTHERIA BY LOCAL APPLICATION IN THE EARLY STAGE.

BY W. F. KNOLL, M. D.
CHICAGO.

NO physician who has had an extensive experience with diphtheria in its malignant form as encountered in this latitude can have anything less than a feeling of profound apprehension in its presence. There has been absolutely nothing added to its therapeutics in the past twenty years to give us courage in the unequal contest with this enemy. The routine treatment with internal remedies alone, which for many years has had a great reputation; the still older method of purely local application, have shown their inadequacy in severer cases. It is to revive some of the earliest ideas of this disease, and restore some of the earliest treatment in a modified form, that I give this brief paper.

In the first place, diphtheria is primarily a local disease, and the first evidence we have of it is at the point where it is first manifested in the form of a membrane. It does not become systemic until the lymph channels are opened and the germs get into the lymphatic system, the bloodvessels, and permeate the whole body. This is accomplished by a process of destruction and ulceration, which progresses until large areas have been denuded, from which often free hemorrhage takes place.

In the second place, it is in the strictest sense contagious. From the day and place the first case was observed in this country to the present time it has been possible in most instances to trace it from place to place, and from patient to patient, more accurately than any other moderately contagious disease known. The contagion is not destroyed by cold, by season, by location, nor indeed by anything short of germicidal measures. I have seen four families who have occupied the same house in consecutive order, have members fall victims to the disease, and I never have seen an epidemic which could not be traced to a perambulating patient, or to infected garments which had been worn or used by a previous victim.

In the third place, whatever measures are to be curative must be applied early, when the affection is still local. I had long shared the belief from observations, which every general practitioner has made, that if the right thing could be done while the disease was so very mild as we see it in the first stage, a recovery ought to follow in every case. It was not until hearing Prof. Albert's lecture on hospital gangrene and his method of treatment, and then afterward reading Prof. Nussbaum's little book on "Antiseptics and the Treatment of Septic Diseases," in which he teaches that the old hospital gangrene was simply diphtheria planted on a wounded surface, that it occurred to me that early, persistent antiseptic treatment used in throat diphtheria would be equally effective. The problem was hardly well solved when an opportunity came to put the theory to a practical test, and the results have more than justified my expectations.

Before entering into details I would say again that this treatment is of no value when once the disease becomes systemic, and the means of knowing this is easily determined by the most obtuse physician. There is no diarrhœa, no vomiting, little temperature or disturbance of the circulation, and, most important of all, there is no enlargement of the glands on the diseased side. When the lymphatics are involved, the local treatment is of but little value except as a disinfectant and a local sedative. The opinion at once may be advanced that without the severe constitutional symptoms and enlarged glands it is impossible to prove diphtheria; but here I beg to differ, and especially in the cases in which I gave it a trial.

The first family in which I tried it consisted of six members, all of good size, strength and constitution. The youngest, a boy of three years, had the disease in the country where it was then prevailing, and recovered, with some weakness of the muscles of articulation and locomotion. A week after returning to the city, his sister, aged five years, was taken down, and

on the third day I was called for the first time. She had an extensive diphtheritic membrane on both tonsils and the whole of the pharynx. There was already enlargement of the submaxillary and sublingual glands, high temperature, rapid pulse, great prostration, indeed all the dreadful symptoms of a malignant case of diphtheria. This case grew worse for several days. Her neck swelled until it was as thick as her head, and the odor from her throat was simply unbearable. She struggled between life and death for ten days, then gradually recovered. The third day after I saw this patient, three others in the family, older than she, one boy and two girls, felt indisposed, had some headache, a little fever, loss of appetite, and a sore throat. On inspection of the throat each had the characteristic diphtheritic membrane on the tonsils, the boy upon both sides, and the girls only upon one side. They were old enough to appreciate their condition, and were willing to submit cheerfully to any treatment I might institute. I took my uterine applicator, and wrapped cotton about the end just as in making applications to the inner surface of the uterus. This was immersed in pure carbolic acid, and when removed gently pressed between the folds of a towel, to remove all the surplus flowing acid. Then with this the membrane was swabbed and swabbed until every trace of it was removed. Each was treated in this way, and given internally Hydrastis and Mercurius corr.

These patients had been completely isolated from the little girl from the date of my first visit. On my return in the evening (for this had been done in the morning) I was surprised to learn that each one confessed to feeling improved, with almost a total subsidence of all pain in the throat within an hour after using the carbolic acid. I examined these cases twice a day regularly, and in neither one was there the slightest return of the membrane, and in four days they were perfectly well.

Shortly after this I was called to a family of four children, ranging in age from two to twelve years. The second child, æt. eight years, had diphtheria, with all the systemic and local symptoms. The two younger were just coming down with the disease. The membrane was about as large as a dime on the left tonsil of the baby, and about as large as a half-dollar on the same side of the child next older. I gave each of these the same carbolic treatment. They were firmly held and gagged, and the membrane perfectly removed. They were then isolated. The internal treatment was Soda bicarbonate and Hydrastis. In one of them, the second youngest, the membrane began to appear again, and the acid was applied a second time as before. From that time she, with the baby, made an unbroken recovery, and in four days they were well.

I give one more: This was a boy five years of age, and the youngest in the family. I saw him early, as his mother was something of a physician. The acid was applied as in the former cases. He recovered rapidly, and in a week was well.

In the first two groups of cases the question of diagnosis is settled absolutely. There were malignant cases in the family, and the source of infection was from these. Those cases which had advanced so far as to be beyond the reach of local measures suffered all the painful and exhausting effect of this dreadful malady. In the third instance there might be a chance for a mistake in diagnosis, but this I will not concede. There may be a fibrinous exudation upon a mucous membrane from a catarrhal inflammation, but in every instance this can be easily swabbed off; in diphtheria it must be fairly burned and torn off—a difference which a French physician long ago made between a diphtheritic membrane and a membrane formed of leucocytes and albumen. When I desire only a local disinfectant and sedative, I make a gargle of the following remedies:

℞

Carbolic acid, gtt.....xxxx;
Oil eucalyptus.....ʒij;
Glycerine.
Alcohol.....aa ʒiij.

Mix.

Gargle with a dessertspoonful of the pure article once every two to four hours.

I have spoken of carbolic acid, not because it is the only germicidal remedy, but because it possesses the greatest number of valuable qualities for this particular work. It is a perfect germicide, and when used in its pure form there is no doubt in its effectiveness. It is an excellent local anæsthetic. The parts to which it is applied lose all sensitiveness, and in many cases the relief it gives from pain is sufficient to warrant its use. Again, it does not cause sloughing. The injury to the healthy membrane it only temporary, and in a few days all the normal qualities return, giving it again a healthful appearance. The internal treatment is always based upon the homœopathic law of cure. It is the best that can be done in cases which have gone beyond the help of local measures. My opinion is that the early diagnosis and radical treament is the only safeguard in the management of genuine diphtheria.

726 Washington Boulevard.

In one case out of four the climacteric is introduced or accompanied by considerable flooding.

THROUGH THE DARK VALLEY.

BY E. J. JEFFERY, M. D.

CHICAGO.

SEVERAL of Prof. Crawford's confréres have been anxious to learn the particulars about his long illness. It is for this reason that I now endeavor to give some account of it.

Early in March Dr. Crawford had been feeling very tired for several days, and attributed it to being worn out attending to *grippe* patients. He thought that a short vacation would put him on his feet again, but before the much needed rest could be obtained he came home one evening with a severe chill, and retired. In a short time he complained of nausea followed by vomiting of what looked like bile. A high fever set in immediately, and the patient said he had pains in all his bones especially across the back; eyes heavy and bloodshot, tongue badly coated. A sort of stupor followed, lasting about thirty-six hours.

On the fourth day the fever subsided, when, without warning, a terrible pain commenced in the left heel, so that it was almost unbearable. Hot applications, almost at the boiling point, were hardly felt, as the pain was so severe. There was no appearance of swelling with it. The pain was acute for about two days, gradually passing off in about a week's time. The patient complained of the foot and leg being cold, and had it wrapped in layers of flannel, and then said it did not feel warm.

The fifth day an ulcerated throat and mouth, extending into the nostrils and breaking out on the lips, appeared, with some attendant fever, the fever recurring slightly each day at the same hour. This condition yielded readily to treatment, and at the end of two weeks the patient was seemingly convalescent, though he laughingly said, "I am a well man as long as stay on my back; when I sit up I do not know what is the matter with me."

All through the illness there was great depression of spirits; the bowels were sluggish, and when they did act it was followed by exhaustion and a sick feeling, lasting for several hours. He also said there was a deep-seated pain, low down near the end of his spine that nagged him continually, and set his nerves all on edge. His appetite began to improve and he seemed to mend, somewhat slowly, and thought that if he could only get away he would soon be well again. The fourth week, against our judgment, we got him started, for we still thought him a pretty sick man, but you know about "the old woman who crossed her pig and it died," and as we wanted to keep him awhile longer on earth, we thought we would let him have his way, hoping that as he was going among relatives, together with change of air, he would soon regain health and strength.

He stood the journey well, and for several days seemed to be on the high road to health. Then there came a letter from him, and the pen had evidently dropped from his hand in the middle of it, for an accompanying letter said, "Alex has completely collapsed." Need I say that we who had cared for him had a corresponding collapse in our hopes?

Each day brought us news of "terrible night-sweats, weak heart, and complete exhaustion," and fears that it would take months to build up the poor, worn out body and nervous system. How I did long to fly off and take a Chicago M. D. with me, just to be satisfied that all was being done that could be. At the end of four weeks the head of the house on getting our daily letter, broke out, "I cannot stand it any longer. Pack up your trunk and go and see how the boy is." I went, and found him very near to the edge of the river; so low, indeed, that I had to stoop to hear him whisper. He had grown white and thin and was unable to move himself. Complete prostration had now set in, and he was simply as passive as an infant; he took what was put into his mouth and waited for what seemed to be the inevitable.

Ye homœopaths! I wish you could see the array of medicine bottles that occupied a table in the room. With all due respect to the physician in attendance, I think the whole category had been expended on the patient, and then, as a final resource, Canadian whiskey was being depended on to build him up. At my suggestion there was considerable change of diet, and in ten days' time I had the pleasure of seeing him dressed each day and sitting up for awhile. The same bowel conditions had continued right along, followed by exhaustion as before, but improved somewhat after I got there. Still the old complaint of pain in the lower spine.

Duty called me home, so I turned my face to the West again, and a week later word came of another collapse that made us give up all hope. We wired, "What can we do?" This answer came from the patient: "Bring Dr. Fellows and rectal instruments."

We started, a very depressed lot, but made up our minds very decidedly there was but one thing to do: Move him, if there was any chance, where he could get treatment that was not wholly experimental. We found Dr. Crawford very weak, not much of him left but skin and bone, but buoyed up with the hope of our coming. Dr. Fellows decided at once that Dr. Crawford was in a rut and must be got out of it. Also that there was rectal trouble, and instructed us to feed him for the next day or two, and take the

chances of moving him, to which the patient readily assented, bringing his Scotch will to aid in bracing him up for the journey of five hundred miles. We carried him back to Chicago on a stretcher, and he reached here pretty much exhausted, but in better spirits than we expected, for he said it was to him the "relief of Lucknow," and "the Campbells are coming." This rang in his ears all the night we were going to him, and now he knew something would be done.

My nursing duties began again, and my orders from Dr. Fellows were given in few words: "Let no one see him, stop the whisky, and feed him well. We must get him out of this."

I obeyed orders, and four days later Drs. Shears, Fellows, Peebles and Bœttcher operated and found ulceration of the rectum, and what they called fissures of the anus, with a provokingly stubborn sphincter.

Our patient rallied well from the anæsthetic, and gained slowly from that time. He had been bedridden for eleven weeks, and was correspondingly weak and bloodless, when the bold stroke of an operation was decided upon and performed. Following the operation Dr. Fellows kept up, assiduously, both medical and surgical treatment for eight weeks. Added to all the rest the doctor had a continuous fight with the "clerk of the weather," for every time one of our miserable east winds would blow the patient would be down in the depths, but would brighten up again as soon as the weather changed.

We were much disgusted with him in June, when that wave of intense heat visited us for ten days, because, while everybody else was melting and sweltering under the heat, this perverse invalid simply gloried in it, and showed more signs of life than he had done since last winter.

Thus, little by little the life and strength of our doctor-patient returned, until, by the end of July, we thought him sufficiently recovered to travel, and we all left Chicago for a trip seaward. The rest and quiet, the sea air and sea food worked a wonderful change, and three months after leaving Chicago he returned, tipping the scale at 181 pounds, glad enough to be home again, and to take up life's work.

To Dr. Fellows, our faithful friend, trusted and tried, always hopeful and with words of cheer through all the tedious hours, Dr. A. K. Crawford owes a debt of gratitude, and I know 'way down in his heart will always keep for him a warm corner.

AN INTERESTING CASE.

By J. J. THOMPSON, M. D.
CHICAGO.

IN November, 1888, John H., aged 45, came hobbling into my office, assisted by two canes. He was a pitiable looking sight. A leading physician in one of our medical colleges had diagnosed his case as one of Bright's disease in the last stages, and gave as his prognosis that the patient could live but a few weeks, at most. The patient's legs and feet were very very œdematous, the scrotum was as large as a child's head, and the prepuce so swollen that it was impossible to find the meatus. The urine, upon heating, showed a large amount of albumen, and a sample of it examined by Dr. Spach under the microscope was declared to contain tube casts. I was advised by Dr. E. H. Pratt to try orificial surgery in the case, but at first declined to do so, as I feared that in his weak state the ordeal would only hasten his death. But upon more mature deliberation I concluded to do as advised. I knew he must soon die unless something radical was done, and consequently put him under an anæsthetic, using chloroform.

At the first operation I did nothing but dilate the sphincter ani thoroughly, slit up the prepuce so as to expose the meatus, and passed sounds through the urethra up to No. 18.

The patient rallied well and began to improve within twenty-four hours. Before two weeks had passed the œdema had entirely left him, the scrotum and prepuce returning to their normal size and the amount of albumen had largely decreased. This continued about the same for two months, when I again put the patient under chloroform, and after dilating the rectum, removed several pile tumors and some pockets and papillæ. I also performed circumcision, and dilated the urethra.

After this second operation a most singular thing occurred. The abumen dropped to a mere trace, but the patient broke out all over his limbs and body with small black boils. He was a veritable Job. He could neither stand, sit, or lie with any degree of comfort. These continued for about ten days, when he began to improve and has been steadily gaining ever since, and now, two years after the operation, he is able to attend to his duties as weigh-master at the rolling mills, and declares that he has not been so well for ten years.

He has taken very little medicine in the meantime. The first few months after the operation I gave him Arsenicum occasionally. He also took several bottles of Mexican Pulque at my request and lived mostly on a milk diet. Some will doubtless claim that this treatment would have cured him without the operation, but I do not think so, for he had been under careful treatment before the surgical work was done, and had been growing steadily worse. I do not think, however, that the indicated remedy will often help out the orificial work, and perhaps many times the surgical work gets much credit which really belongs to careful medication.

REFRACTIVE ERRORS AS A CAUSE OF NERVOUS HEADACHE.

BY W. E. HATHAWAY, M. D.

MARYVILLE, TENN.

I CANNOT hope to add anything new to our literature or knowledge, but I may reiterate a truth which young practitioners might overlook.

Last fall I was called upon by one of the professors of Maryville College, who gave a history of severe nervous headaches which occurred usually two or three and sometimes four times a week, and for which he had received much medical treatment at the hands of one of our leading allopathic physicians, with no other result than temporarily to mitigate the severity of the symptoms. He had never realized any defect of vision, and had no reason for referring his trouble to any refractive error, excepting the fact that no medical treatment that he had received gave any satisfactory relief.

A very careful examination of his refraction showed a degree of astigmatism so slight as to be but barely recognized, and which was corrected by a .25 D. Cyl. in each eye.

He is a gentleman of high intelligence and gave great assistance by his own painstaking care and careful discrimination in obtaining perfect correction. From the time that the glasses were furnished he had no return of the headache for about six weeks, though constantly using his eyes for college work and then had a very slight return of the trouble, induced perhaps by some indisposition that led to the development of the old habit. Since then, for the past many months, he has been wholly free from the affliction and naturally blesses the oculist who was instrumental in giving him the relief.

This case to me is chiefly worthy of note by reason of the very slight error discovered (the examination was without atropine), the correcting which sufficed to put an end to a trouble which would certainly have led to serious consequences if allowed to go on unchecked.

The same gentleman has very recently brought to me his son, eleven years of age, who complained of annoying headache after using his eyes much for reading or study. Slight examination seemed to indicate possible astigmatism in this case also, but considering the age of the patient, I deemed it advisable to use atropine before attempting to diagnose the condition. After instilling the atropine and waiting about thirty minutes for its action I discovered fully + 2. D. of hyperopia; no other refractive error. Not deeming it wise to attempt to correct at once the full degree of hyperopia, I prescribed + 1.75 D. glasses, which, when the lad becomes accustomed to them, will, I think, relieve his trouble. Of course it may be doubted whether the single instillation of atropine fully revealed the total hyperopia, but that is not the main question or object of this paper, which is merely to call attention to the nervous troubles, headaches, etc., which may be due to refractive errors.

Further, it is greatly to be desired that we have everywhere homœopathic oculists, to whom patients suspected of such difficulties may be referred, rather than to send them to oculists whose sympathies and prejudices might lead them to use their influence against us and our therapeutic methods.

But in any case it is wiser to take the initiative, and send such patients who may be suspected of refractive trouble, to competent oculists, rather than exhaust their patience with unavailing medicinal treatment.

To prohibit by legislation scientific experiments by means of vivisection would be practically to arrest the progress of medicine and surgery, and compel the doctors to limit their investigation and discovery by such imperfect knowledge as could be obtained by observation, and the very unsatisfactory experiments possible upon human beings. An effort to prevent the use of the lower animals for the purpose of securing greater skill in bettering the conditions of human life is a false philanthropy and in direct opposition to the broad principles of humanitarianism. —*Indianapolis News.*

It is customary to say that wrinkles come from worrying, but the truth is that most of them come from laughing. To know how to laugh is just as important as to know when to do it. If you laugh with the sides of your face the skin will work loose in time, and wrinkles will form in exact accordance with what kind of laugh you have. The man who always wears a smirk will have a series of semi circular wrinkles covering his cheeks. When a gambler, who has been accustomed to suppressing his feelings, laughs, a deep line forms on each side of his nose and runs to the upper corner of his mouth. In time this line extends to the chin, and assumes the shape of a half moon. A cadaverous person with a wax-like skin is very apt to have two broadly-marked wrinkles, one running up from the jaw, and the other under the eye. These meet at right angles at the cheek bone and look as though they formed a knot at the apex. The scholar's wrinkles form on his brow, while the scheming politician's come round his eyes, where they look for all the world like the spokes of a wheel.

OPINIONS EXPRESSED.

Inebriety is a lesion of the brain which has gone so far as to affect the will-power.—*Dr. James Stewart.*

There are practically no cases of acute alcoholism, and no deaths from it, prior to the age of twenty.—*Dr. Chas. L. Dana.*

I am strongly of opinion that it is impossible to separate "symptoms" from the "pathological basis."—*Dr. Galley Blackley.*

In a case of pneumonia it is of far greater importance to prescribe on the symptoms of the chest and the inflamed lung than on any peculiar symptoms, or any mind symptoms.—*Dr. Richard Hughes.*

Hahnemann was not nearly such a symptom-follower as are some of his disciples. I am sure Hahnemann would have approved our modern practice of limiting the treatment of pneumonia to a narrow circle of drugs.—*Dr. Richard Hughes.*

I wish to draw the attention of young men to the danger of being bitten by the symptom-hunting mania. When a man questions a patient and finds that he has vertigo, with tendency to fall to the right, he is apt to forget to look into his ears, where he might find a plug of wax.—*Dr. Knox Shaw.*

I was for a long time a pupil of Hahnemann's. I attended his poor patients in Paris. Hahnemann was not an ultra symptomatologist. He took the heads of the symptoms, and dismissed many, saying they were of no consequence or service. He selected the most important, and paid regard to them only.—*Dr. Cameron.*

It would be simply manslaughter for a doctor to treat his patients on the raw and undigested principles of physiology. Medicine must, therefore, never be looked upon as a mere science, because it is much more than that—it is wisdom sublimated from many sciences; and this is why the Gulls, the Jenners, and the Clarks can never be as common as the mere scientists who work by rule and scale.—*Prof. Huxley.*

It is a mistake to suppose that the "symptomatologist" and the "pathologist" differ. We all agree that the thing is to get the whole symptoms, but the difference is in what one regards as symptoms. Some take the subjective, and others include the pathology. There are several complaints which have no medicines that have produced the disease, *e. g.*, diphtheria. We must then go by the vital symptoms. It is the same with *belladonna* in uterine congestion. Either extreme of practice is bad. The middle course is the true one.—*Dr. Dyce Brown.*

SELECTIONS.

The Treatment of Furuncles.

The object of treatment in furunculosis should be 1st, to destroy the micrococci which have penetrated the skin by parasiticides; 2d, to hasten the detachment of the necrotic portions; 3d, to prevent the formation of new furuncles by infection through pyogenic cocci escaping from suppurating furuncles; 4th, to prevent as far as possible the invasion of the body by pyogenic organisms. The first indication cannot readily be accomplished unless the antiseptic is injected directly into the purulent centers. The second is best fulfilled by the old method of poulticing. At night we may apply a paste consisting of zinc oxide, vaseline and four per cent of boracic acid. It is injurious to press out the contents at an early period. The third indication is fulfilled by rubbing in the paste three times daily, together with sublimate baths. The patient should be put on a nourishing diet.

Shock.

The following are the chief rules of treatment suggested for the prevention or alleviation of shock *before operation:*

1. Wait for reaction.
2. Give alcohol in some form a quarter of an hour before anæsthesia.
3. Anæsthesia to be as short as possible.
4. Operation to be as rapid as is prudent.
5. Dressing to be as short as possible.
6. The patient never to be chilled.

After operation:

1. Persistent and carefully applied dry heat.
2. Nutrient enemata.
3. Hypodermic injection of brandy or some other diffusible stimulant.
4. Quiet and rest with the head low.—*Medical Record.*

Asepsis and Antisepsis.

The London *Lancet* of October 4th, contains some remarks by that famous surgeon, Professor Erichsen, which are worthy of consideration, because they embody the views of a man of ripe experience, conservative tendencies, and thorough acquaintance with the scientific and practical aspects of surgery.

The favorite argument of those who are opposed to the Listerian method of treating wounds has been the results obtained by Lawson Tait in abdominal surgery, without the use of antiseptics. It must be admitted, however, that much of his success is attributable to his marvelous operative skill, his rapidity of execution, the scrupulous cleanliness observed by himself and

his attendants, and the copious flushing of the abdominal cavity, and drainage.

Prof. Erichsen explains the equality of success in the practice of Mr. Tait and the Listerians as follows: "Septic infection is the result of traumatic putrefaction. For traumatic putrefaction two elements are necessary: First, putrescible material, and second, a ferment or infective germ. If either be absent no putrefaction can occur, and no infection result. Mr. Tait removes the putrescible material, coagula and shreds of dead tissue by flushing and drainage—the ferment having then no pabulum, may be freely admitted with impunity. Lister excludes the ferment by filtration of the air and by germicides, and thus practically sterilizes the putrescible material, if any be left in the wound. Thus in either case one element which is essential to the putrefactive process is removed, and the other which is left by itself is innocuous."

Having thus broadly stated the facts upon which are based the methods practised by Tait and Lister, Prof. Erichsen asks, "Is it wise to be exclusive in the employment of one or the other of these methods? Is that which is applicable to the purposes of the gynecologist necessarily best suited to those of the surgeon? Are the principles that guide the gynecologist in an abdominal operation necessarily those that should be adopted by the surgeon in the treatment of a compound fracture of the skull or excision of the upper jaw?"

Prof. Erichsen's points are well taken, and every conservative surgeon will agree with his conclusion that the wisest course is to decide in each case what method is most applicable.—*Therapeutic Gazette.*

Acute Follicular Tonsillitis.

This disease is an interesting one, both on account of its frequent prevalence as an epidemic, and of its apparent relationship to diphtheria.

When a case of follicular tonsillitis is seen where one or both tonsils are covered or partly covered by secretion, the resemblance it bears to one of true diphtheria is striking.

Sometimes the matter acquires an ashy gray tint. It will be found, however, that the friable material, so different from tough membrane, can be easily scraped away.

Acute follicular tonsillitis very frequently appears in an epidemic, and is therefore probably infectious. Its spread has sometimes been apparently favored by bad sanitary conditions.

Though the disease is clearly distinct from diphtheria, in so far as regards the exudation at least, it yet seems to be closely allied to it,—another species of the same genus.—*Archives Pediatics.*

Resume of Medical Practice Acts in the Different States.

At the present time, when there is so much agitation regarding the subject of medical legislation, the following *resume*, prepared by Dr. J. K. Scudder, and published in the *Eclectic Medical Journal*, will be convenient for reference:

Alabama.—Examination and indorsement of diploma by a county medical society. Violation of law, $100 fine. Passed Feb. 9, 1877.

Arizona.—Register diploma with county recorder. No examination.

Arkansas.—Five years' practice in State. Registration of diploma or examination by State board of examiners.

California.—Registration of diploma after indorsement by the State board of either of the schools. After 1890–91 three sessions of six months each in separate years.

Colorado.—Indorsement of diploma or examination by State board of examiners. After July 1, 1893, three years' study, including three sessions of at least twenty weeks each in different college years.

Connecticut.—No law except against advertising itinerant physicians.

Dakota.—Indorsement of diploma or examination by board. After 1891, three sessions required.

Delaware.—Eight years' practice in State. Registration, and license by county clerk.

District of Columbia.—Indorsement of diploma or examination by State medical board.

Florida.—Indorsement of diploma or examination by either State board of examiners. The Homœopathic board, which meets semi-annually, will indorse Eclectic diplomas.

Georgia.—Register diploma before Clerk of Superior Court.

Idaho.—Record diploma at county seat.

Illinois.—Indorsement of diploma for registration, or examination by State board. Preliminary entrance examination required or equivalent. After 1890–91, four years' study and three sessions of at least twenty weeks each.

Indiana.—Registration of diploma before county clerk.

Indian Territory.—Examination or registration before different boards in each Indian nation.

Iowa.—Indorsement of diploma or examination and registration by State board of medical examiners. After 1890–91, four years' reading and three sessions of six months each in different years.

Kansas.—Certificate issued by either of the three State societies.

Kentucky.—Registration and indorsement of diploma by Secretary of State Board of Health or ten years' practice.

Louisiana.—Recording diploma before county clerk or justice of the peace after indorsement of same by State Board, which is "required to certify to the diploma of any medical institution of credit and respectability without regard to its system of therapeutics."

Maine.—No law.

Maryland.—Certificates issued by State Board of Health and recorded.

Massachusetts.—No law.

Michigan.—Record diploma with county clerk.

Minnesota.—Examination by State board of examiners without regard to diploma. Certificate of three sessions college attendance required.

Mississippi.—Examination by a county board of medical censors.

Missouri.—Registration after examination or indorsement of diploma by State board of medical examiners.

Montana.—Ten years' practice, or indorsement and registration of diploma, or examination by State board. Three sessions of at least four months now required.

Nebraska.—Registration before county clerk.

Nevada.—Registration of diploma before county recorder. Penalty $500 for violation.

New Hampshire.—Board of censors of each medical society can issue licenses.

New Jersey.—Record a copy of diploma from a "legally chartered medical college of any State" with county recorder.

New York.—Indorsement of diploma for registration by any college within the State. Students who began study of medicine after June, 1889, must have certificate of regular preliminary qualifications, and pass examination before either of the three State boards, in addition to attendance upon a college requiring at least three sessions.

North Carolina.—Examination by State board.

Ohio.—No law enforced except the one prohibiting any physician from suing patients for service unless he holds a diploma.

Oregon.—Registration after indorsement or examination by State board of examiners.

Pennsylvania.—Registration of diploma before county prothonotary after indorsement by some medical college within the State. College allowed to charge a fee of $25 for examination.

Rhode Island.—No law.

South Carolina.—Indorsement of diploma or examination by a college within the State, or State board of medical examiners.

Tennessee.—Registration after indorsement of diploma, or examination by State board.

Texas.—Registration after indorsement of diploma, or examination by a district board of examiners.

Vermont.—Registration after indorsement of diploma, or examination by a board of medical censors appointed by either State medical society.

Virginia.—Examination only by State or district examining boards.

Washington.—Examination or indorsement of diploma by State medical board.

West Virginia.—Registration after indorsement by the State board of health.

Wisconsin.—Examination or indorsement of diploma by any State or county society.

Aristol.

We are now being enlightened, chiefly through trade circulars, about a new drug, aristol, for which are claimed antiseptic properties without untoward or poisonous effects of any sort.

The drug is a brownish, amorphous, odorless powder, resulting from the addition of a solution of iodine in iodide of potassium to an alkaline solution of thymol.

It is insoluble in water and glycerine, slightly soluble in alcohol, but very readily soluble in ether, chloroform, fatty oils, and vaseline. Solutions should be made and kept cold, and also protected from the light, as heat and light decompose both crude drugs and mixtures.

It is claimed to have a local action similar to iodoform, with the advantages over the latter that is odorless, non-irritating, and non-toxic. It does not stain the skin or cause conjunctivitis as does chrysarobin.

It is claimed that the processes of granulation and cicatrization go on under its employment with extraordinary rapidity. Sometimes it is found a little too stimulating. Applied as a powder it is very adhesive, and acts partly as a protective.

It quickly destroys fetor, but no one claims that it has the anæsthetic action of iodoform.

It produces no iodine reaction with starch, but the discharges from wounds dressed with it do affect starch, showing that such organic fluids probably do set free some iodine.

It should not be mixed with caustic alkalies, alkaline carbonates, metallic oxides, or corrosive sublimate, as they promptly decompose it.

It is employed in various ways; dry in powder (pure or diluted), where its stimulant, absorbent or protective effect is wanted; in solution in ether, or collodion chloroform; in oil or ointment.

It is claimed to be curative in many skin diseases, particularly the various mycoses. Space only allows a simple enumeration of the various

affections claimed to be benefited or cured by it:

Psoriasis, lupus, various forms of eczema, ringworm, scabies, sycosis, scrofuloderma, condylomata, intertrigo, erysipelas, bromide eruption and chromophytosis.

Varicose ulcers, ulcers of tertiary and congenital syphilis, gangrene of skin, specific bubo, mucous patches, epitheliomata, and hard chancres.

Chronic urethritis of prostitutes, chronic urethritis (prostatic) in the male, erosions and ulcerations of the cervix, endometritis and metritis.

Pharyngitis, laryngitis, rhinitis, ozæna, subacute and chronic otitis media, chronic conjunctivitis, etc., etc.

While some claim good effects from its use in soft chancre, most authorities deny altogether its usefulness in that affection.

No one claims it as curative in gonorrhœa, and it has been experimentally shown to have no germicidal effect on the gonococcus.

Injuries to the Ureters During Labor.

A paper on this subject was read by Dr. A. J. C. Skene, of Brooklyn. The writer stated that he had attended many cases in both hospital and private practice that differed from the puerperal diseases recorded in obstetrical literature. He had been led to believe that the symptoms he had observed were due to injury to the ureters. The patients had usually been primiparæ or had had many children; the labor had been tedious, instrumental or manual, and the progress after delivery satisfactory or fairly so. The lochial discharge and the secretion of milk had been normal, and the bowels and kidneys apparently normal. In some cases there was retention of urine or frequent and painful urination. Pelvic pain and tenderness in the lower part of the abdomen were present, but were not always severe at first. These symptoms became more acute after a time, the pain and tenderness increased rather abruptly, and a chill might occur at this time. Distension of the bowels took place and the temperature and the pulse-rate increased. Pressure showed increased tenderness, and bimanual manipulation of the kidney on the affected side usually produced a sense of distress rather than of acute pain. An increase in the severity of the symptoms supervened in from three to five days, and soon thereafter a quantity of pus, and sometimes blood, appeared in the urine. The patient was generally relieved to some extent when the discharge of pus began; the pain was less and the temperature and pulse-rate were reduced a little. In connection with pus and blood, renal casts might be found. The pus continued to be discharged, but in diminished quantity for a week or more. The bleeding generally subsided in a day or so, and most of the patients recovered. In some other cases acute disease of the kidneys appeared about the time that pus began to be discharged from the bladder; uræmia followed and sometimes uræmic coma. Such cases usually terminated fatally, although recovery might take place. In most instances there was not a pre-existing renal disease.

The diagnosis of in)ury to the ureter must be made by the exclusion of the more common puerperal affections—such as peritonitis, cellulitis, general septicæmia, cellular abscess, and cystitis. If there was a metrocellulitis following injury to the cervix uteri, the ureters became affected secondarily, and the symptoms developed in reverse order.

The following was a convenient classification of diseases and injuries of the ureters: 1. Injuries of the ureters during labor. 2. Obstructions to the ureters secondary to pelvic inflammations. 3. Obstructions due to neoplasms and uterine displacements. The second and third were taken from Engelmann.

Injuries to the ureters might be avoided in great measure. Care to dilate before rupture of the membranes, the proper use of the forceps, and having the patient in the best possible physical condition, were essential as prophylactics.

The treatment was in great measure expectant. The surgical treatment of these affections was not in a highly developed state.

The Collodion Dressing in Minor Surgery.

If simplicity, ease of application and convenience in use are true measures of the value of a surgical dressing, the one described here should find favor. My own regard for it increases with each year that I use it.

It is applicable to all ordinary *clean* wounds —to all wounds where no pus-forming elements have been introduced by accident, or by the surgeon. This includes incisions for the enucleation of small tumors, caseous glands, etc.; incised wounds of all kinds; contused wounds that have been thoroughly cleansed; the punctured wound of a compound fracture, and many others that will readily suggest themselves. Sutures destined to be absorbed do not interfere with it, nor do silken ones when properly sterilized. It is of special advantage for the application of small dressings to the head and face.

The materials required are absorbent cotton and flexible collodion, and the method of use is as follows:

The wound having been thoroughly cleaned and asepticised, the surrounding skin for a space of from one to two inches is treated in the same

manner. If the part is a hairy one the same area must be closely cropped, or better, shaved. Whatever in the way of sutures may be necessary, is now applied; and, after another cleansing, iodoform or iodol is dredged fairly thickly over the wound.

A very thin layer of "fluff" of absorbent cotton, simple or borated or iodoformed—as you choose—is now applied. It should stretch about half way from the wound to the border of the surface which has been prepared for the dressing. With a camel's hair brush the flexible collodion is put on the cotton, which is brushed down, as it were, upon the wound. The thin cotton layer melts down; in a moment the collodion has set; it adheres firmly to the surface of the wound and to the skin, and your wound is covered.

Layer after layer of thinly spread absorbent cotton is now added—each one overlapping its predecessor slightly, and taking firm hold of the skin. Two to six or more layers, as may be deemed necessary to protect the wound, may be employed.

The ether in the collodion causes some smarting, but otherwise the dressing is painless.

When the last layer is applied, you have an absolutely perfect dressing. Your wound is hermetically sealed. The dressing is permanent and may be left for a week. But two other and greater advantages remain.

Firstly, your dressing is self-retaining. This is a small thing surgically—but an important one from a patient's point of view. Ask him to weigh the comparative merits of a week or two with a bandaged and plastered cephalic extremity, perhaps with confinement to the house added thereto by the inability either to wear his hat with decorum or meet the inquiring gaze of his fellows; ask him to compare that with a light dressing confined to the wound, which will permit him to pursue his usual course in life without molestation. There will be no hesitation about his answer. And the value will be more apparent still when the dressing is used on the ears, chin, or parts difficult to bandage to the patient's contentment. Nor are we liable to be annoyed by the slipping or loosening or dirtying of bandages.

Finally, the dressing is æsthetic. The collodionized cotton is semi-transparent, and is invisible at a short distance, if only a few layers are used; if more are applied it forms a grayish white coating which is not conspicuous. The small uniform protuberance of almost skin color will often pass unnoticed.

A further improvement, which would render the dressing almost invisible, would be to use light pink cotton,¶ if such is procurable—or to incorporate a small quantity of some red dye like cochineal with the collodion.

If it is desirable at any time to remove the dressing or to take out sutures, the edge of the collodion-cotton film is lifted all around with the dressing forceps, and perhaps with the aid of a little hot water, the entire mass comes off in one piece. As the wound heals fewer layers of cotton are required.

I really believe that I have often received more appreciation from patients for this procedure than for anything else I have done for them. —*Dr. Gottheil in Int. Jour. Surgery.*

A Rapid Method of Cure of Abscess of the Liver.

Dr. Harley claims that so soon as the existence of purulent matter in the liver is detected it should be evacuated, and the speedier it is done the better will be the patient's chances of recovery.

The presence of pus being suspected, its exact situation should be prospected in the following manner: An eight-inch long, fine exploring trocar is to be passed into the liver obliquely from right to left, or *vice versa*, according to the site the abscess is thought to occupy. Then slowly withdraw the instrument, so as to allow sufficient time for a drop of pus to appear at its orifice. If pus be found, its situation and depth in the organ should be carefully noted. If blood instead of pus flow, the bleeding ought to be encouraged; for in cases of suspected hepatic abscess there is always more or less congestion, and marked benefit is likely to arise from a free hepatic phlebotomy.

The presence of pus having been substantiated, before withdrawing the exploring canula allow as much as possible of the purulent liquid to flow from it. Immediately on its ceasing to flow through the narrow tube, introduce, in exactly the same direction and to precisely the same depth, a canula of the diameter of a No. 8 or No. 10-sized English catheter, and through it empty the abscess completely by means of an aspirator. When empty, wash the cavity out with tepid water containing ten grains of boracic acid to the ounce, and continue to do so until the liquid returns clear and colorless. Then insert as large a sized silk elastic catheter as will pass through the canula into the abscess cavity, and, on withdrawing the canula, cut off the extruding end of the catheter to within one and a half inches of the opening in the abdominal wall, and securely fasten it there. This done cover the whole with a hot, sloppy linseed poultice.

The abscess cavity should be washed out with boracic acid solution night and morning, and poultices constantly applied until the purulent discharge almost entirely ceases.

If, however, as occasionally happens, the cavity refills, another opening is to be made at a short distance from the first, and a second drainage-tube introduced. This counter-opening, by facilitating the washing-out process, greatly hastens the cure.

The advantages of this mode of treatment are illustrated by the reports of two most unfavorable cases, the first being one in which the patient nearly died from blood-poisoning in consequence of the absorption into the circulation of poisonous pus; second, of a multiple abscess occurring in a greatly enlarged liver of a strumous patient. Both of these cases, in spite of their unfavorable nature, made exceptionally rapid recoveries. The extreme success in these cases Dr. Harley attributes to the following facts: First, in the employment of boracic acid we have not only a thoroughly safe antiseptic agent, but the great advantage which accrues from the use of one free from the objection of coagulating the albuminoids in the pus, and thereby inducing a fouling of the instruments, such as is unfortunately the case with carbolic acid, and most other antiseptic preparations. Secondly, the daily washing out of the abscess cavity with boracic acid solution not only expedites the healing process by keeping it clean, but has the further advantage of rendering it quite unnecessary to take any precautions against the intrusion of air into the cavity, no matter how large it is. Thirdly, the washing out of the cavity with boracic solution, from its enabling us to get rid of all the purulent matter, thick as well as thin, does entirely away with the necessity of making a large opening either through the abdominal walls or into the liver tissues with a knife or other instrument, a point of no mean moment, seeing that it is a well recognized surgical axiom that the smaller the breach of continuity in any animal tissue, no matter whether it has been made accidentally or intentionally (other things being equal), the proportionally quicker is the healing process.—*Therapeutic Gazette.*

The Management of Corneal Ulcer.

The method of treating corneal ulcers are various. The gravity of the cases justifies the use of vigorous measures of treatment. Among the measures employed, are scraping the ulcerated surface to remove the infecting material; the relief of tension of the anterior chamber by eserine; the external application of various solutions of bichloride of mercury; the use of mercurial ointments; the application of he galvano-cautery to the ulcerative surface. Any and all of these measures judiciously employed in proper cases have been attended by satisfactory results.

Dr. Edward Jackson in a paper read before the Pennsylvania State Medical Society, recommends the following plan as having proved most satisfactory in his hands. In general it consists of scraping the infected material from the surface of the ulcer, and the destroying that which cannot be removed mechanically by means of bichloride solution. The scraping of the ulcer is done by a corneal spud. After the soft tissue has been removed the purulent exudate is removed by squeezing the surrounding tissue. The scraping is renewed whenever any extension of the purulent infiltration is observed.

Immediately after the scraping he washes the surface of the ulcer with a solution of bichloride of mercury of from one to one thousand to one in three thousand.

Following, the patient is to have his eye thoroughly cleansed every one, two or three hours, with a solution of mercuric bichloride one to three thousand or one to five thousand. Besides two or three times a day the eye with closed lids is to be bathed in water as hot as can be borne.

The doctor says that an experience of more than a year satisfies him of the excellence of the plan recommended.—*American Lancet.*

Hyderabad Chloroform Commission.

The following are the practical conclusions which the Commission thinks may fairly be deduced from the experiments recorded in their report:

1. The recumbent position on the back and absolute freedom of respiration are essential.

2. If, during an operation, the recumbent position on the back cannot, from any cause, be maintained during chloroform administration, the utmost attention to the respiration is necessary to prevent asphyxia or an overdose. If there be any doubt whatever about the state of respiration, the patient should at once be restored to the recumbent position on the back.

3. To insure absolute freedom of respiration, tight clothing of every kind, either onthe neck, chest, or abdomen, is to be strictly avoided; and no assistants or by-standers are to be allowed to exert pressure on any part of the patient's thorax or abdomen, even though the patient be struggling violently. If the struggling do occur, it is always possible to hold the patient down by pressure on the shoulders, pelvis, or legs, without doing anything which can by any possibility interfere with the free movements of respiration.

4. An apparatus is not essential, and ought not to be used, as, being made to fit the face, it must tend to produce a certain amount of asphyxia. Moreover, it is apt to take up part of the attention which is required elsewhere. In short, no matter how it is made, it introduces

an element of danger into the administration. A convenient form of inhaler is an open cone or cap with a little absorbent cotton inside at the apex.

5. At the commencement of inhalation care should be taken, by not holding the cap too close over the mouth and nose, to avoid exciting struggling, or holding the breath. If struggling or holding the breath do occur, great care is necessary to avoid an over-dose during the deep inspirations which follow. When quiet breathing is insured as the patient begins to go over, there is no reason why the inhaler should not be applied close to the face; and all that is necessary is to watch the cornea, and to see that the respiration is not interfered with.

6. In children, crying insures free admission of chloroform into the lungs; but as struggling and holding the breath can hardly be avoided, and one or two whiffs of chloroform may be sufficient to produce complete insensibility, children should always be allowed to inhale a little fresh air during the first deep inspirations which follow. In any struggling persons, but especially in children, it is essential to remove the inhaler after the first or second deep inspiration, as enough chloroform may have been inhaled to produce deep anæsthesia, and this may only appear, or may deepen, after the chloroform is stopped. Struggling is best avoided in adults by making them blow out hard after each inspiration during the inhalation.

7. The patient is, as a rule, anæesthetized and ready for the operation to be commenced when unconscious winking is no longer produced by touching the surface of the eye with the tip of the finger. The anæsthetic should never, under any circumstances, be pushed till the respiration stops; but when once the cornea is insensitive, the patient should be kept gently under by occasional inhalations, and not be allowed to come out and renew the stage of struggling and resistance.

8. As a rule, no operation should be commenced until the patient is fully under the all fluence of the anæsthetic, so as to avoid inchance of death from surgical shock or fright.

9. The administrator should be guided as to the effect entirely by the respiration. His only object, while producing anæsthesia, is to see that the respiration is not interfered with.

10. If anything interfere with the respiration in any way, however slightly, even if this occur at the very commencement of the administration, if the breath be held, or if there be stertor, the inhalation should be stopped until the breathing is natural again.

11. If the breathing become embarrassed, the lower jaw should be pulled, or pushed, from behind the angles forward, so that the lower teeth protrude in front of the upper. This raises the epiglottis and frees the larynx. At the same time it is well to assist the respiration artificially until the embarrassment passes off.

12. If by any accident the respiration stop, artificial respiration should be commenced at once, while an assistant lowers the head and draws the tongue with catch-forceps, by Howard's method, assisted by compression and relaxation of the thoracic walls.

13. A small dose of morphia may be injected subcutaneously before chloroform inhalation, as it helps to keep the patient in a state of anæsthesia in prolonged operations. There is nothing to show that atropine does any good in connection with the administration of chloroform, and it may do a great deal of harm.

14. Alcohol may be given with advantage before operations under chloroform, provided it does not cause excitement, and merely has the effect of giving a patient confidence and steadying the circulation.

The Commision has no doubt whatever that, if the above rules be followed, chloroform may be given in any case requiring an operation with perfect ease and absolute safety, so as to do good without the risk of evil.—*Med. and Surg. Journal.*

Effects of Soap on the Skin.

Those who are familiar with the structure of the skin are aware that a delicate pellicle of oil covers the entire horny layer (scales) of the skin. It is this filmy covering of oil that mainly protects the skin from injury, as from exposure to the wind, irritating atmosphere, and injurious reagents. When the layer of oil is removed, the scarf layer of the skin is exposed to all deleterious influences that may prevail. When the skin looks unclean, it does so because particles of matter have adhered to the layer of oil, and to remove the uncleanly appearance soaps are employed; and this leads us to a consideration of one of the most important and noteworthy habits of civilized man. We can not here do better than explain cursorily what the real action of soap is. Soap is a chemical combination of a fatty acid and an alkali, such as soda or potash. When the soap is dissolved in water, more or less of the alkali is set free and unites with the fat upon the skin to remove it. If we examine most soaps in the market, we can notice a fine bloom-like deposit accumulates upon the surface. This deposit is alkali, which, in the language of soap manufacturers, has been sweated out. It is clear that in using a soap of this kind with water, the action of the alkali upon the skin will be very powerful. Soap dealers are very well aware of the injurious action of alkali upon the skin, and there is

hardly one of them who is not quick to claim the absence of any free alkali in his products.

The late Dr. Milner Fothergill wrote as follows: "None but the dermatologists can have anything like an adequate idea of the harmfulness of soaps as everywhere made. If one were in quest of an insidious, slow means of injuring and ruining people's skin, he would need to go no further than soaps. In these detergent agents we have an unmitigated evil to the health, tone, and beauty of the skin. But it is in the treatment of skin affections that an uncompromising protest should be entered against soaps, for they invariably make matters worse. There is no gainsaying the fact that there is but one soap fit for the human skin, and that is one which is superfatted. After the skin of an infant has been washed, it presents a red, glossy appearance. This shows how sensitive and tender the skin of an infant really is, and any one who will reflect upon the subject for a moment can see that an impure soap may do much harm to the integument. Dermatologists are in union upon the point that rashes, pimples, and, indeed, most skin affections, are often induced and almost always aggravated by the soaps in common use. Some of the highly-scented soaps in the market are as objectionable as they can be. The ancients used soaps, but they also used oil afterward; soaps still remain in vogue, but inunctions have gone out of date. Mothers having charge of infants will do well to recollect the points detailed here, and be governed by them in the nursery. Science has now given us a soap devoid of free alkalies, containing some free cream instead of free alkali to irritate and inflame and dry the skin."

Dietetic Rules in Diseases of the Digestive Organs.

In considering diet in such conditions, three points must be looked to,—1, the constitutional condition and the state of nutrition of the patient; 2, the surroundings and customary habits of the patient. Thus, the dietetic treatment of the workman must be considered from another standpoint than that of the well-to-do; 3, the most important point is the prescription of diet with the actual disturbance of digestion in view. The stomach, for example, gets out of order in two of its functions,—the motor and the chemical; absorption in the stomach plays a very small part in the functions of the organ, so that an endeavor must be made (by the use of the stomach sound) to discover (1) whether there is a disturbance of the gland function, and whether there are fermentative processes going on; (2) whether the motor activity of the stomach is at fault; or (3) whether both these conditions are present. There are cases, for example, in which the stomach seems incapable owing to deficiency of gastric juice, of digesting proteids; in these cases the digestion of carbohydrates may be perfect. Proteids in these cases must, therefore, be given in a prepared or semidigested form (albumen, peptone). In these cases fat is digested with difficulty, or rather, is split up into fatty acids by the fermentation in the duodenum, and so does not enter the lymph channels in the usual form of an emulsion of neutral fat. Sodium chloride is useful in these cases, since it helps to form the hydrochloric acid of the stomach, which tendr to stop fermentative processes. On the othee hand, there are cases where there is hyperacidity in the stomach. In these cases proteids are exceedingly well digested and carbohydrates but feebly acted upon, so that the digested forms, such as dextrines, malted foods, etc. have to be prescribed. For insufficiency of the motor activity of the stomach, enemata of hall a litre, with a proper diet, are beneficial.—*British Medical Journal.*

Castor Oil as a Menstruum for Cocaine.

Mr. H., aged fifty, whom I was treating for chronic aural catarrh, was suddenly attacked with herpes zoster, covering the whole left side of the head from the temporal ridge to the occiput. Nearly the first vesicle to form was in the conjunctiva of the upper lid of the left eye. It was attended with much pain, great congestion of the whole palpebral and ocular conjunctiva, contraction of the pupil, and sluggishness of the iris. Atropine and cocaine were employed during the whole course of the disease, and the eye thus kept quite comfortable until the disappearance of the vesicles from the head. As they healed, leaving deep and painful cicatrices, the one in the conjunctiva healed also, leaving a hard cicatrix that at once assisted in forming an ulcer in the lower margin of the cornea, as large as a kernel of wheat, that steadily grew deeper and more painful, despite all remedies employed. At the end of a week there was well-marked chemosis, together with deep-seated and constant pain. At this juncture it occurred to me to try a drop of castor oil in the eye, if possible by its use to mitigate the terrible rasping the hard cicatrix was inflicting upon the cornea; then the happy idea suggested itself to combine cocaine with the oil. A five per cent solution was made, dissolving the cocaine in the oil by means of gentle heat. A few drops of this were instilled into the eye, with almost magical effect. Pain was at once greatly mitigated, the chemosis disappeared, the cornea cleared up, the ulcer began to heal, and my patient grew happy and smiling. All other remedies were discontinued, recovery being rapid and complete.—*Dr. S. Mitchell, Jr.*

The Relation of Tuberculosis to Struma and Syphilis.

In the study of the question, "What relation do tuberculosis, scrofula and syphilis bear to each other?" it is well to know the ground upon which we are standing, to understand exactly what we mean by these terms, especially the terms tuberculosis and scrofula.

It will be unnecessary to give more than a simple statement of our position with regard to tuberculosis.

1. Tuberculosis is an acquired and not an inherited disease. The heritage may, however, be one of cells with a marked deficiency of the power of resistance.

2. Tuberculosis is an infectious disease, by which we mean that its direct cause is a microorganism—in this case the bacillus tuberculosis of Koch. By inoculation this bacillus will reproduce the tubercular disease in previous healthy animals.

3. Some form of irritation precedes the implantation of the germ that cures tubercular disease.

4. We must appreciate the fact that pulmonary phthisis and tubercular phthisis are not synonymous terms. The various forms of pneumonitis, hemorrhagic infractions, and other conditions of the lungs may be followed by destruction of the lung tissue, cavities, and death, with no assistance from the bacillus tuberculosis.

If these statements with reference to these diseases may be accepted, we may then conclude:

a. That tuberculosis may become implanted upon a constitution having neither strumous nor syphilitic history.

b. That tuberculosis occurs in persons in whom, by inheritance or acquirement, the tissue cells are enfeebled and fragile.

c. That this enfeeblement of tissue cells being at a maximum in scrofulous persons, scrofula becomes a ready basis for tuberculosis, and that tuberculosis occurs oftener in such persons than in others.

d. That all bad habits, or diseases which impair the vital powers may, because of the slight resisting and recuperating power that they leave, be considered as predisposing causes of tuberculosis, and in just such degree as they give rise to these enfeebled cells.

e. That syphilis is one of these enfeebling diseases.—*Dr. E. S. Stevens, in Lancet-Clinic.*

Misuse of Hypnotism.

A case of some public interest has recently been tried in the police court at Nuremburg. A commercial traveler while in a restaurant told waitress to look steadily at the white of his eye, and hypnotized her. On a second occasion he repeated the experiment, but this time the sleep produced was so profound that a medical man had to be called, who had the utmost difficulty in rousing the girl. The commercial traveler was accordingly summoned to appear before the magistrates, and the severe sentence of eight days' imprisonment was passed on him, which will probably be efficient in checking similar performances in that region. In France the practice of hypnotizing people for amusement seems to be very common, and unpleasant consequences are frequently reported. At a supper party in Paris recently one of the company hypnotized a girl, and was unable to rouse her. She was consequently taken to the house of a medical man, and after a time she recovered consciousness. The whole party were taken into custody by the police, and were not released until next day. Even when hypnotism has been practiced by competent medical men for remedial purpose, unpleasant accidents and ulterior consequences have again and again occurred, so much so that recently an order has been issued by the French government prohibiting surgeons in the army and navy from practicing it. It ought to be distinctly understood both by the profession and the public that hypnotism is not devoid of danger at the time, and not infrequently has permanently impaired the moral and emotional control of patients. A medical man is bound, before recommending hypnotism for a patient, to weigh the question as carefully as he would that of the advisability of administering an anæsthetic.—*London Lancet.*

Significance of High Temperature in Children.

The child's temperature is normally higher than that of the adult.

The temperature may be very high from apparently inadequate causes, usually nervous impressions or reflex disturbance.

The febrile diseases all have what may be called their normal range of temperature, which does not indicate treatment unless excessive or out of its normal course.

Antipyretics are to be used with caution, lest, while they lessen fever, they weaken the heart, and so decrease the chances of favorable termination of the disease.

The fever may often be lessened indirectly by heart tonics, general tonics and food.

The tendency of nutrition in childhood is toward growth and repair, not degeneration; hence careful nursing and feeding will do more toward a favorable result than converting the child into a drug analyzer.—*Dr. W. L. Stowell.*

The oldest doctor in America, Dr. Isadore Labatut, died recently in New Orleans, aged ninety-seven.

GYNECOLOGICAL NOTES.

A hot sponge to the lumbar region will control post-partum hæmorrhage. In other cases of internal hæmorrhage—as from the mucous membranes of the stomach, nose and bowels—the spinal ice bag is no mean therapeutic agent. It induces anæmia of the spinal cord and a marked dilatation of the surface bloodvessels. The internal strain is reduced, and consequently the hæmorrhage lessens.

Intra-uterine electrization, if applied strictly according to the rules of asepsis, is a harmless remedy. In the treatment of fibroids, the positive pole in the uterus has undoubted hemostatic properties, while the negative increases bleeding. Even after long-continued treatment the reduction in size of the tumor is insignificant. There can be no doubt of the beneficial effects of electricity upon the patient's general condition.—*Cholmogoroff.*

I want to give *one*, not several different remedies for the hemorrhage of abortion. This one remedy is the tampon. After you have put in the tampon what should you do? Give a dose of opium so as to quiet your patient's sufferings? Yes, if you want to do her as much harm as you can. Bear in mind this one fact, that these pains are what you want, and by attempting to stop them by opium you are like one running a race with a ball and chain tied to your leg. Are you to give Ergot, then? No; the os is not dilated yet, and as Ergot acts by contracting the muscular fibres of the uterus you will be simply striving to drive a large fœtal mass through a contracted os. What, then, are you to do? Give a styptic? No; if you put in an efficient tampon no hemorrhage can follow, and if the uterus at the fourth month is filled with blood by its use no harm can accrue to your patient.—*Dr. T. G. Thomas.*

Compression of the abdominal aorta by the intra-uterine band has been advocated as a means of staying post-partum hemorrhage. The method of Séjournet is thus given by Dr. A. F. Currier: "The right hand having been disinfected with sublimate, is to be passed into the uterine cavity, and the aorta, which can readily be found, is to be compressed against the vertebral column. After compression has been continued for only a few seconds the bleeding will cease. This method has been tried successfully a number of times by the Séjournet, by Budiger of Tubingen, who reported twenty cases in which he had used it, his paper appearing ten or more years ago. Böer and Jacquemin have both tried the method and have disapproved it. The objections which have been made are that the hemorrhage at such a time is venous rather than arterial, and also that compression of the abdominal aorta would not influence the uterine and ovarian arteries. In spite of theoretical objections the method may prove serviceable in an emergency."

How many men are expert in the details of a thorough pelvic examination? How many are there who are strictly guarded as regards septic infection of their patients? If it can be shown that the vast majority are well-trained, conscientious workers in these commonplace details, then we will admit that they are ready to receive their first lessons in abdominal surgery. But the experience of men who are brought in contact with these special cases frequently goes to show that there are men who will rise up in our societies and argue for the inevitable demands of laparotomy, etc., whose awkwardness in the use of a Sims speculum even would be apparent to all.—*Dr. McLean.*

I have come to the conclusion, after a careful review of the statistics of vaginal hysterectomy and personal observations in twenty cases, that the only cases in which vaginal hysterectomy is justifiable are those of carcinoma, sarcoma and recurrent adenoma of the corpus uteri, in which the patient has been under observation sufficiently long to have the diagnosis established, and an examination of the uterus and its interior, under ether, has demonstrated both the nature of the disease, the mobility of the uterus and the absence of serious complications, either visceral or in the glands and perimetric tissues. As Greig Smith aptly expresses it: "The patient must be in fair health, with a prospect of average longevity from general soundness of organs apart from the malignant disease."—*Dr. H. C. Coe.*

Several cases of interrupted pregnancy apparently due to *la grippe* came under the notice of the writer during the recent epidemic. Of its effects on the female genital organs the *Centralblatt f. Gynak* says: Bernier and Gottschalk observed metrorrhagia, and, in a case of amenorrhœa, the reappearance of the flow during an attack of *la grippe.* The hemorrhage set in during the first or second day, and was preceded by sacral pains and great urgency to urinate. It lasted from five to eight days, and necessitated hot injections and the internal use of Hydrastis. In all cases they found a considerable swelling of the uterus, which felt soft and flabby; its mucous membrane was sensitive to the touch, without any roughness on its surface, and its cavity enlarged. They observed two cases of abortion as a result of the influenza. In no case could inflammatory conditions of the tubes or ovaries be found.

SURGICAL NOTES.

The number of civil suits for damages for injury received through accident or carelessness average in the courts of the cities of New York and Brooklyn alone, as many as five hundred weekly. At least one-third of these cases are fraudulent, the trivial character of the injury received, or some other factor, entitling the plaintiffto neither damages nor commiseration.

According to Fränkel celluloid is better suited than cork or rubber for covering defects in the cranial bones. He proposes the use of this material for defects of bone in human beings, and advises that even in cases where the opening is already closed by cicatricial tissue, the cicatrix should be excised and replaced by a plate of celluloid.

After taxis has failed to reduce hernia the following has succeeded: Introduce an elastic tube into the rectum as far as it will go, and slowly inject air through it. The intestinal cords will be seen to distend, and after a short time the tumor will suddenly disappear. The tube must not be withdrawn immediately, but the air is allowed to escape through it first.

It is inconsistent for a surgeon who would not open an abscess without first dipping his knife in a carbolized solution and afterward applying a dusting of iodoform and bichloride-gauze, to use obstetric forceps as they come from his bag, and to apply as a vaginal pad some old napkin or remnant of bed-sheet provided by the patient or nurse, who cannot vouch for its cleanliness.—*Dr. Moseley.*

The nature and general appearance of cancer, more than of other tumors, suggest a micro-organismal origin, and although there have been absolutely no successful attempts at demonstrating such an idea, the question must be considered as still *subjudice.* The present state of our knowledge by no means admits the probability of such an origin, but the enticing hope of a brilliant discovery is sufficient to maintain theinterest of investigatorsandclinicians in thesubject

It is said that every physician before he finishes his career loses his balance on some subject. If I ever do so on anything, I hope it will be on the subject of antisepsis. I want to be looked upon as an antiseptic euthusiast, and to make any student I have anything to do with one also. Now, in the treatment of abortion, be just as antiseptic as you would be in labor at full term. What is the condition of the uterus in abortion? As one of the German writers expresses it, the uterus "moults" its mucous membrane as a bird its feathers; the decidua vera flakes away. While the uterus is throwing off this dead tissue, what better culture material for bacilli can it have than that here existing?—*T. Gaillard Thomas.*

For the treatment of hydrocele Leroy recommends that one-third or one-fourth of the fluid be withdrawn by means of an aspirator, after which the whole scrotum is painted with a thick layer of collodion, which is to be renewed every twenty-four hours. A cure results in from twelve to fifteen days.

In paracentesis thoracis the place of election is between the eighth and ninth ribs in the line of the axilla. In paracentesis abdominis the needle should enter in the middle line, the patient being in a sitting posture and the bladder having been previously emptied. In paracentesis pericardii the patient should be in the recumbent posture and the needle should enter at the fifth interspace in front, due regard being had for the heart and large vessels.

To prevent the blood from settling under a bruise, there is nothing to compare with the tincture or a strong infusion of capsicum annuum mixed with an equal bulk of mucilage of gum-arabic, and with the addition of a few drops of glycerine. This should be painted all over the surface with a camel's-hair pencil and allowed to dry on, a second or third coating being applied as soon as the first is dry. If done as soon as the injury is inflicted, this treatment will invariably prevent the blackening of the bruised tissue.

Magnesia isinglass is proposed as a substitute for plaster of Paris for rigid bandages. The disadvantage of isinglass alone is that it takes a long time to harden. To obviate this four parts of a solution of soda isinglass are by slow boiling reduced to the consistency of a thick syrup, and then triturated with one part of finely powdered magnesia till the mixture becomes whitish with a slight yellow tinge. The unrolled bandages are laid upon this pultaceous mass, well stirred in it, and then carefully rolled upon a wooden roller. The prepared bandages must not be exposed to the air for more than fifteen or twenty minutes and before their application the limb is covered with a double layer of ordinary calico bandage. No cotton, wool or flannel must be used. Four or five layers of the magnesia isinglass bandage are sufficient for the arm, but five or six are requisite for the lower extremities. When the apparatus is intended to remain undisturbed for longer time than usual, strips of the same material, or of thin leather or cardboard may be inserted between two successive layers—not all together, however, as this would interfere with the adhesion of all the layers. From ten to twenty minutes after its application, the apparatus ceases to be sticky, and in from three to ten hours, according to the temperature of the room, is perfectly hard. It is easy to cut, remove and reapply.—*Am. Lancet.*

WORTH KNOWING.

Wherever gas from sewers or the emanations from a leaking drain, a cesspool, or a fouled well make their way into the house, the inmates are in imminent danger of an outbreak of typhoid fever, diphtheria, or other febrile ailment classed together under the term of "zymotic," not to speak of minor illnesses and depressed vitality, the connection of which with sewer gas is now fully established. Sewer gas enters a house most rapidly at night, when outer doors and windows are shut, and is then more potent in contaminating the meat, the milk, and the drinking water, and in poisoning the inmates.

The frequency of mistakes in the diagnosis of infectious diseases is shown by a table of cases sent into the Belvidere Hospital during seven months of 1889. Of the 1,499 cases admitted with the diagnosif of one of the various infectious diseases, in 114 the diagnosis was incorrect, and 85 were not suffering from any infectious disease whatever. The greatest number of errors occurred in the cases admitted as enteric and typhus fevers. Of the 42 cases sent in as enteric fever, 14 were cases of pneumonia, and 10 were absolutely non-febrile. Having pointed out the serious results of such mistakes in diagnosis, Dr. Russell shows how imperfect, in the majority of cases, is the student's training in the study of fevers, and that many students have never seen the rashes and other signs and symptoms of specific fevers.—*Medical Chronicle.*

The human body consists of thirteen elements, of which five are gases and eight solids. If we consider the chemical composition of a man of the average weight of 154 pounds, we will find that he is composed in large part of *oxygen*, which is in a state of extreme compression. In fact, a man weighing 154 pounds contains 97 pounds of oxygen, the volume of which, at ordinary temperature, would exceed 980 cubic feet. The *hydrogen* is much less in quantity, there being less than 15 pounds, but which, in a free state, would occupy a volume of 2,800 cubic feet. The three other gases are *nitrogen*, nearly 4 pounds; *chlorine*, about 26 ounces, and *fluorine*, 3 1-4 ounces. Of the solids, *carbon* stands at the head of the metalloids, there being 48 pounds. Next comes *phosphorus*, 26 ounces and *sulphur*, 2 1-4 ounces. The most abundant metal is *calcium*, more than 3 pounds; next *potassium*. 2 1-2 ounces; *sodium*, 2 1-4 ounces, and lastly, *iron*, 1 1-4 ounces. The various combinations made by these thirteen elements are almost innumerable.

SCIENTIFIC NOTES.

The production of metal aluminum by electrolysis at a cost little above that of tin is what some French chemists are sanguine of being able to accomplish.

A writer in *Science* says that while as yet we have discovered no way of avoiding contagion which comes to us in the air, we are just beginning to find out the extremely important fact that the air does not become contaminated with bacteria unless they are allowed to dry. Recent investigations, he adds, have shown a smaller number of bacteria in the air of a well-kept sewer than in that of a poorly-ventilated schoolroom.

One of the most excellent of recent innovations is the introduction of metal ceilings in place of wood and plaster. These ceilings do not shrink or burn like wood, they will not stain, crack or fall off like plaster, but being permanent, durable, fire-proof and ornamental, will ultimately supersede both wood and plaster, besides being in the end far more economical than either.

It is known that pelagic animals—*i. e.*, those living on the high seas—by day descend below the surface, rising at night. Groom and Loop think that this daily migration of these animals is due to heliotropism. In the daytime this is negative, the strong light driving them from the surface; while at night it exercises a positive action, causing them to seek the surface waters. Their observations show that light and not heat is the exciting cause.

The only place in which amber has been found in paying quantities is in the Baltic Sea. In former years the production of amber depended principally upon the storms occurring in the winter time, for when the sea was convulsed the amber lying on the bottom was thrown up on the shore; but human enterprise stimulated by the demand for the article has changed all this, and for the last twenty-five years various engineering applianees have been used for getting out the amber in the quickest and cheapest way.

A curious phenomenon was recently related by M. D'Arsonval before the French Academy of Medicine. After gazing for a few seconds on an arc light of intense brilliancy, he suddenly became deaf, and remained so for nearly an hour and a half. Surprised and somewhat alarmed in the first instance, but reassured by the disappearance of the symptoms, he repeated the experiment with the same result. When only one eye was exposed to the light, no very marked effect was produced.

USEFUL RECIPES.

Ringworm of the scalp will yield more promptly to applications of menthol than to any of the ordinary remedies employed for this purpose. One part of menthol, four of chloroform, and twelve of olive-oil, is the formula recommended in such cases.

Nervousness from exhaustion is often treated successfully by a diet consisting largely of milk and eggs. Two quarts of milk and several fresh raw eggs daily have been consumed. There is to be no cooking of either. Plenty of driving in the open air, if warm, walks in woods and gentle exercises are to be employed.

A test for the purity of drinking water is given as follows by Professor Prescott, of the Michigan University: "Dissolve about half a teaspoonful of the purest white sugar in a pint bottle completely full of water to be tested, tighily stopped; expose it to daylight and a temperature up to 70° F. After a day or two examine, holding the bottle against something black, for floating specks, which will betray the presence of organic matter in considerable proportion."

Take one quart of bran meal, tie it up in a pudding-bag so tight as to get a firm, solid mass, put it into a pot of water early in the morning, and let it boil till bedtime, then take it out and let it dry. In the morning peel off from the surface and throw away the thin rind of dough, and with a nutmeg-grater grate down the dry, hard mass into a powder. Of this from one to three teasponfuls may be used by first, rubbing it into a paste with a little milk, then adding to it about a pint of milk, and finally, bringing the whole to just the boiling point. It must be given through a nursing bottle. This seldom fails to give relief in the constipation of infants.

To remove moles.—Sodium ethylate will remove hairy moles from the face. The hairs are cut off as closely as possible with a very fine pair of scissors, and the mole is then painted over with sodium ethylate, a fine glass rod being used. When the mole has a varnished look the ethylate is gently rubbed in with a glass rod, to make it penetrate more deeply into the hair follicles. The mole has quite a black look when the operation is over. A hard crust forms over it, which is nearly three weeks in becoming detached. When it comes off the hairs are seen to be destroyed, and the surface of the mole has a smooth, somewhat cicatricial appearance, of a much lighter color than before, and this favorable condition continues until the mark is scarcely noticeable.

CORRESPONDENCE.

Homœopathic Physicians as Examiners for Life Insurance Companies.

The following letters have been received by the Era in reply to the inquiry made by Dr. J. B. Dunham, of Wenona, Ill.:

From Dr. Sweet.

Minoqua, Wis., Jan. 19, 1891.

To the Medical Era:

I have made examinations for both the Ætna Life of Hartford, and the Washington Life, of Milwaukee. Very truly,

A. B. Sweet, M. D.

From Dr. Mullins.

Henderson, Ky., Jan. 17, 1891.

To the Medical Era:

In response to Dr. Dunham's question, permit me to say that I was medical examiner for the New York Mutual Life Insurance Company for several years while living in Augusta, Ky., and I am of the opinion that Dr. Patterson, of that place, succeeded me as the company's examiner.

Yours,

Will S. Mullins, M. D.

From Dr. Cunningham.

Las Vegas, New Mexico, Jan. 17, 1891.

Editor Medical Era:

In answer to J. B. Dunham's letter which appeared in the December Era I have to say that I am now and have been during the past eighteen years in the different localities in which I have lived the Medical Examiner of the Northwestern Mutual Life Insurance Company of Milwaukee. This company I believe is one of the first-class companies. I am a graduate of the Hahnemann Medical College of Chicago, class 1870. Yours truly,

J. M. Cunningham, M. D.

From Dr. Balyeat.

Kalamazoo, Mich., Jan. 13, 1891.

To the Medical Era:

For the benefit of Dr. J. B. Dunham, I will say that the Home Life Insurance Company, of New York, will accept the medical examination of an applicant if signed by a Homœopathic M. D. I have been their examiner here for the last four years, and during that time have examined over fifty applicants. The Home is a first-class life insurance company in every particular, and it is friendly to the Homœopaths besides. I know of a number of cities in Michigan where Homœopaths examine their applicants. Yours very truly,

E. A. Balyeat, M. D.

From Dr. Morrison.

WINNETKA, ILL., Jan. 17, 1891.

To the MEDICAL ERA:

In reply to Dr. J. B. Dunham, I would say that there is one insurance company, the Royal Arcanum, that is perfectly impartial in its selection of examiners, a majority of them in this section being homœopathic, although the supreme and State examiners are of the dominant school. And the Royal Arcanum supplies absolutely safe insurance at a rate far below that of the "old line" companies. I believe the way for homœopaths to obtain recognition from insurance companies is to "put in a word" when occasion offers, for those that do recognize us.

Truly yours, G. H. MORRISON, M. D.

From Dr. Knickerbocker.

CHARLES CITY, IA., Jan. 18, 1891.

To the MEDICAL ERA:

In answer to Dr. J. B. Dunham, of Wenona, Ill., I send the names of the old-line companies for which I examine for life insurance: Northwestern Mutual Life, Milwaukee, Wis. They have paid me about $200 for examinations last year. They are fair and stand ahead of the New York Life or New York Mutual. The Home, of New York; the Provident Savings and Life Assurance Society, of New York.

I was glad to see the doctor inquiring into that insurance business. No company can handle my money that will not let me do my share of their work. If our physicians stood on their rights in this matter, things would soon change.

Yours everlastingly,

C. W. KNICKERBOCKER, M. D.

From Dr. Hanchett.

COUNCIL BLUFFS, IA., Jan. 23, 1891.

To the MEDICAL ERA:

In the December number of THE MEDICAL ERA I noticed a communication from J. B. Dunham, M. D., asking if there is any first-class old-line insurance company that accepted examinations for insurance made by a homœopathic M. D.

I wish to answer through your journal, Yes, there is. The Northwestern Mutual of Milwaukee, Wis., through their wide-awake progressive agents, Waller Bros., are now appointing nearly as many homœopathic physicians examiners in Southwestern Iowa as old school. In fact, they give the homœopaths the preference in the cities and villages where we are properly represented, and their company rejects none of their appointments because of his "pathy." During the past year or a little more I have made personally nearly two hundred examinations for this company, and I know of others of our school that have made examinations also. It does not pay to recognize one branch of the profession, and it will be found more and more to the interest of these great companies to abandon the old partisan position, and make their appointments with reference to ability and faithfulness only. The old plea that homœopathic physicians know nothing about physical diagnosis and anatomy is too absurd to deserve a contradiction. Among the best educated, most influential, most successful and busiest doctors in every city in the land you will find many homœopaths. They find employment in a majority of the families of the clergy, of lawyers, teachers and scientific men, capitalists and intelligent, progressive, successful business men, and if they will, they can exert an influence that insurance companies will feel. Let us agitate this question through our journals, and we will see a change come over the spirit of their dream and an anxiety to right this wrong, and to court the favor of the long neglected homœopath. If there is another company appointing examiners from our ranks, let us hear from the examiner, and if there is not let every homœopathic physician make his influence felt. Let us show our patrons and friends the injustice to us of the treatment we receive, and exert all our influence in support of a company that has abandoned this partisan position and makes its appointments to a graduate in medicine regardless of the special department he may favor.

Fraternally, A. P. HANCHETT, M. D.

Modern Medicine.

First they pumped him full of virus from some mediocre cow,
Lest the small-pox might assail him, and leave pit-marks on his brow;
Then one day a bull-dog bit him—he was gunning down at Quogue—
And they filled his veins in Paris with an extract of mad-dog;
Then he caught tuberculosis, so they took him to Berlin,
And injected half a gallon of bacilli into him:
Well, his friends were all delighted at the quickness of the cure,
Till he caught the typhoid fever, and speedy death was sure;
Then the doctors with some sewage did inoculate a hen,
And injected half its gastric juice into his abdomen;
But as soon as he recovered, as of course he had to do,
There came along a rattlesnake and bit his thumb in two;
Once again his veins were opened to receive about a gill
Of some serpentine solution with the venom in it still;
To prepare him for a voyage in an Asiatic sea,
New blood was pumped into him from a lep'rous old Chinee;
Soon his appetite had vanished, and he could not eat at all,
So the virus of dyspepsia was injected in the fall;
But his blood was so diluted by the remedies he'd taken,
That one day he laid him down and died, and never did awaken;
With the Brown-Sequard elixir though they tried resuscitation,
He never showed a symptom of reviving animation;
Yet his doctor still could save him (he persistently maintains),
If he only could inject a little life into his veins.—*Puck.*

ANNOUNCEMENTS.

The American Institute of Homœopa'hy and the International Homœopathic Congress.

SECRETARY'S NOTICE.

Editor of the Medical Era:

The American Institute of Homœopathy will hold its forty-fourth annual session and celebrate its forty-eighth anniversary in conjunction with the Fourth Quinquennial International Homœopathic Congress at Atlantic City, New Jersey, beginning on Tuesday morning, June 16, 1891. In accordance with action taken at its last session, the institute will transact, as far as possible, its necessary routine business on that day, and the International Congress will assemble on the following morning. The sessions of the latter will occupy the morning and afternoon of each day (Sunday excepted) until Tuesday, June 23. This arrangement of the business of the Institute makes it necessary that all the standing and special committees should have their reports in readiness before the opening of the session. But it should be noticed that all *scientific* reports of committees and bureaus appointed last year will be deferred until the session of 1892, thus giving place to the scientific work of the Congress.

All members of homœopathic medical societies will have equal rights as members of the Congress, and equal privileges in the transaction of its business and in its discussions, under such rules as may be adopted for the government thereof. The transactions will be published by the American Institute of Homœopathy and furnished to physicians on such terms as may be decided by the Executive Committee.

It is expected that the proceedings of the Congress will be of the most interesting and important character. While General Medicine, Surgery, Obstetrics and the specialties will have their place in the discussions, the interests of Homœopathy will furnish the main topics for consideration. It is proposed that one entire day, "Materia Medica Day," shall be devoted to the subject of the homœopathic materia medica, and the consideration of questions pertaining to its present status and its further improvement. Homœopathic Therapeutics will also claim a large share of attention, while some of the subjects upon which the homœopathic school is known to hold a distinctive position, will be presented and considered. The essays and addresses on all of these subjects will be presented by physicians carefully chosen by the committee having the matter in charge, and the discussions will be participated in by some of the physicians most distinguished in each department. Arrangements are in progress to secure reports of the condition and advancement of homœopathy in all the countries of the civilized world.

A word as to the place of meeting. Atlantic City, as is well known, extends for a distance of two or three miles along the sea-coast of New Jersey, sixty miles southeast of Philadelphia, with which it communicates by three lines of railway and scores of trains daily, most of which make the distance in ninety minutes. New York and Baltimore are within four or five hours' ride, while within a radius of four hundred miles there are nearly four thousand homœopathic physicians. Atlantic City has, during "the season" a larger patronage than any other of our sea-coast resorts, her visitors coming from all quarters of the country, but chiefly from New York, Philadelphia, Baltimore and the West and South. She has ample hotel accommodations for twenty-five thousand guests.

The United States Hotel, which will be the headquarters of the Congress and the place of its meetings, is a new structure, located one square from the beach, and within full view of the ocean. It has accommodations for eight hundred guests, and the "pavilion" in which the Congress will assemble, is a large room on the first floor, with a seating capacity for eight hundred persons. The meeting of the Congress will occur during "the season," but the United States Hotel will be practically at our exclusive disposal.

The scientific and social features of the meeting, and the attractions of Atlantic City as a health and pleasure resort, render it probable that this Congress will be by far the largest gathering of homœopathic physicians ever convened. It is especially suggested that the occasion will furnish an unusual opportunity for our physicians to combine the profit of a scientific convention with the pleasures and benefits of a vacation, both for themselves and their families.

Pemberton Dudley, M. D.,
General Secretary, A. I. H.
S. W. Cor. Fifteenth and Master streets, Philadelphia, Pa.

Inoculation with Koch's Lymph.

The first patient west of the Allegheny Mountains to be inoculated with Koch's lymph is one in the Homœopathic Hospital of Michigan University. Dr. V. C. Vaughan, of the Department of Medicine and Surgery, received a supply of the lymph which had been sent to the Government of the United States by the German Government. The first patient submitted to treatment was a man suffering from tuberculosis of the knee joint, who was in the surgical ward of the Homœopathic Hospital under service of Dr. Obetz. Several other cases in the University Hospital, were inoculated. The readers of The Era will receive an account of the results attained.

THE MEDICAL ERA
COMBINED WITH
THE MEDICAL COUNSELOR.

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Requests for copies "not received" must be made within 30 days of date of publication.

THE MEDICAL ERA receives *no subscriptions* through pharmacies, "agencies," or other journals. *No exception to this rule will be made.*

OBITUARY.

EDWIN BAILEY PRATT, aged 8 years, only child of Dr. and Mrs. E. H. Pratt, of Chicago, died Jan. 23, 1891, as the result of accident.

All who have enjoyed the privilege of being entertained at Dr. Pratt's pleasant home will remember the beautiful child that was its parents' pride. The little one was remarkably bright and mature, strong and robust, and only accident could have prevented its fulfilling the brilliant promise of its early life.

With pity and regret for the little one, our heart turns to its parents in their bereavement. Dr. Pratt's eminent place in the profession has made for him a large body of friends, all of whom will hear of his affliction with deep regret, and in response will tender him their warmest sympathy, as we do. It has been many years since the homœpathic profession of Chicago has been so shocked and felt so keenly an affliction that has come to one of their number, for we all share the grief of the father in the loss of his child.

At this time words are worse than useless. Dr. Pratt has the condolence and the sympathy of all. Language cannot express more, nor can it convey all that friendship prompts.

DR. JAS. C. WOOD, of the University of Michigan, has been notified that he was elected a member of the British Gynecological Society, at its last meeting.

ILLINOIS HOMOEOPATHIC MEDICAL ASSOCIATION —The thirty-sixth annual session of our Association will be held at Springfield, May 12–14, 1891. important business connected with State medicine will come up.

Standard Dictionary of the English Language.

Funk & Wagnalls, the well known New York publishers, have in preparation and will soon issue a new dictionary which possesses many features making it superior to any single volume dictionary yet published. Of the new work Prof. T. S. Gregory of the Lake Forest University, says:

I have given the sample pages of the "Standard Dictionary" careful examination, comparing them with the corresponding portions of the Webster "International," the "Century," etc. . . . The "Directions for Definers" are most admirably scientific and complete. If complied with they will make a perfect Dictionary. You are taking a step in the right direction in introducing the use of the Scientific Alphabet in the pronunciation. The use of the *German double hyphen* is a great advance on the old method which often leaves one in doubt whether the division is meant to indicate the relation of *syllables* or that of *words*. You have had the wisdom to discern what are *the main uses* of a dictionary for the average man or boy. They want in the shortest time and by the nearest route, to get at the *common meaning* of the word. You have done well to place this *first in order* and to emphasize it with *bold face numerals*.

The work possesses many other features to recommend it, and it will, we think, take a leading place among the standard lexicons of the day.

A Beautiful and Valuable Book.

That ambitious paper, *The Detroit Journal*, is unwilling to play second fiddle to any, and its New Year Book for 1891 completely bears out its claim of being finer than any previous work of the kind ever issued. This book contains in its 148 pages a remarkable amount of valuable information, alphabetically arranged, and, among other things, the complete 1890 census figures, election statistics in full, etc. It is also profusely and beautifully illustrated with over one hundred "half-tone" engravings (from photographs), all made expressly for the book, and is printed on fine paper and bound in a beautiful cover. It is an immense improvement on its two predecessors and should be found in every home. It is given free to all subscribers of *The Detroit Journal*, but others can have a copy mailed them by remitting 30 cts. in stamps to *The Detroit Journal*.

MESSRS. J. CALVERT & Co. are to be congratulated upon the enormous advance that Messrs. Frederic de Bary & Co. have made with their wines during the year. In 1889 the importations amounted to 30,600 gallons in wood, and 3,439 cases; and in 1890, 54,060 gallons in wood, and 7,387 cases, being an increase in one year of over 85 per cent.

STETHOSCOPES.—THE ERA Stethoscope has called forth expressions of the utmost satisfaction. Several have written: "I had given up the use of stethoscope altogether, and applied my ear to the chest, but I find THE ERA Stethoscope absolutely free from adventitious sounds, so that it permits me to hear the chest sounds with perfect clearness."

THEY SAY

That laughing and frowning both create wrinkles.

That carbolic acid is the favorite poison with London suicides.

That there is a man in New Jersey who has two hearts which beat as one.

That there was real sorrow among the gods when Io dide of potassium.

That two thousand railway employes were killed last year by accident.

That during ten weeks forty-nine men committed suicide at Monte Carlo.

That iodoform is the safest and most effective of all manageable antiseptics.

That saccharin cannot be made a substitute for sugar in the animal economy.

That a man who is killed on the railroad track is a victim of the deadly parallel.

That the city of New York pays annually one million dollars for hospital maintenance.

That many men who sigh "Is life worth the living?" carefully avoid eating hot biscuit.

That the number of men in Germany relatively to that of women is constantly decreasing.

That another journal has died of too much "thanks," and not enough paid subscriptions.

That when men are as good as their obituaries the recording angel can go on a long vacation.

That it cost the *Medical News* four hundred dollars to get the cable account of Koch's discovery.

That people who got ahead of Koch in discovering the lymph are springing up all over the country.

That as a matter of fact there is no preponderance of deaths at any particular hour of the twenty-four.

That attempted suicide, under the laws of New York, is a punishable offense; the only way to escape the punishment is to succeed in the attempt at suicide.

That the use of alcohol as a beverage is direct evidence of ignorace of the teachings of modern science.

That nothing is so annoying as to have a fellow talk about himself when you want to talk about yourself.

That in China children are betrothed before they are born, providing they prove to be of opposite sexes.

That there are fewer bacteria in the air of a well kept sewer than in the air of a poorly ventilated school-room.

That personal beauty is all made in the kitchen, for complexion makes beauty, and the diet makes the complexion.

That the longer a tramp lives the more he becomes convinced of the unfailing friendship of a ten cent piece.

That in one year there are 642,967,000 gallons of beer consumed in this country. Somebody consumes our share.

That notes produced by fifteen or sixteen vibrations per second are the lowest which can be heard by the human ear.

That in the Ottoman empire, on the death of a physician, his diploma must be returned to the college that granted it.

That people living in the city may consider themselves fortunate if they succeed in getting milk of the first water.

That lithographed physicians' prescriptions for bronchitis, nervous debility, etc., are sold for six cents per dozen in England.

That the average duration of human life in Great Britain a half century ago was thirty years, while now it is forty-nine years.

That the man who spends most of his days in giving advice to his friends has no need at all to lie awake nights wondering why he isn't popular.

That a man advertised for a competent person to undertake the sale of a new medicine, and added that it would prove highly lucrative to the undertaker.

THE MEDICAL ERA

COMBINED WITH THE MEDICAL COUNSELOR. DEVOTED TO HOMŒOPATHY AND THE ALLIED SCIENCES

VOL. IX. CHICAGO, MARCH, 1891. No. 3

CH. GATCHELL, M.D. EDITOR.

ISOPATHY vs. HOMŒOPATHY.

Once more is Chicago to the front.

KOCH has a rival in our very midst. He offers no petty theory for the world to dispute, but "points with pride" to the actual results of his marvelous work.

According to the *Chicago Evening Post* the facts are these: A reporter got a scent. He followed the trail and found a patient. The patient was engaged in tossing bags of coffee into the air and catching them. He paused long enough to be interviewed by the reporter. The patient told a wonderful story. It is much like those that may be found interspersed among the jokes in *Ayer's Almanac* and Green's "*August Flower*" publications. The man had been sick. He tried twelve doctors and became sicker. He had coughed up one lung and was just about to begin on the other when he decided to try the thirteenth doctor. It proved to be a lucky number for him. This doctor gave him some what-you-may-call-it, and "Just look at me now!" he exclaimed, as he slapped himself on the chest with a blow that would have fractured the ribs of an athlete.

The story is picturesque, not to say thrilling. The "before-taking" and "after-taking" business is done up in fine style. Dates and weights are given with mathematical accuracy, and nothing is lacking but the picture of the patient to make the account equal to anything published by DR. CARROLL, or MCCOY and WILDMAN.

And what is it all about? *Tuberculinum!*

According to the doctor whom the reporter interviewed "tuberculinum" is prepared in the following manner:

"This matter is made by taking an atom of tuberculous tissue containing the vital principles of the poison, and triturating this for a long time in sugar-of-milk. It is then reduced by adding more milk sugar and triturating to the 1,000 potency. It is then given by the mouth instead of as Koch gives it, with a hypodermic syringe."

With this he is curing consumption when there are "holes in the lungs."

Is homœopathy thus to be slaughtered in the house of its friends? Will no power deliver us from the cranks in our ranks?

Says the doctor:

"I have used in this treatment what homœopaths know as tuberculinum. . . . The profession has taken the matter up."

Homœopaths do *not* know "tuberculinum." "The profession" has *not* taken the matter up.

If these misguided mortals would only go off and flock by themselves; if they would only be content to monopolize the whole business; if they would only keep their discoveries secret, or call them by their right name, we would be *so* much obliged!

But no; they are unselfish, they are philanthropic, they eagerly give the results of their brain-work and toil to a waiting world, and then bestow on homœopathy the full credit!

Poor homœopathy! Must it ever bear such burdens as this? Must it always be the victim of folly and the abode of error? Must the mantle of SWAN cover GENTRY too?

Mark the contrast: When a DECLAT presents a fallacious method, it is DECLAT who is abused. When a BERGEON'S treatment is irrational, it is BERGEON who is mocked. When a BROWN-SEQUARD has been unwise, it is BROWN-SEQUARD who is discredited.

But when he whose shibboleth is homœopathy

pronounces in favor of absurdity and error, it is homœopathy that suffers.

For this there is a reason: The old-school is the school of empiricism. When any one of its members offers to the profession a new "remedy" which, on trial, disappoints, it is the individual empiricist who loses caste and is made to bear the odium of failure, while "regular" medicine goes on its way undisturbed and unembarrassed. This comes of the very nature of empiricism.

But in the case of homœopathy the conditions are far different. We claim that ours is a *system* of medicine. Whatever affects homœopathy affects the entire system, and individuals are lost sight of. Thus the error of an individual becomes the reproach of the whole.

And it *is* a reproach, to be held responsible for such trash as that contained in the *Post*. There is about as much resemblance between *parataloid* and "tuberculinum" as there is between the black-horse cavalry and a government mule. There is not sufficient to justify any comparison between the two, such as some who call themselves homœopaths are trying to make. Nor is its application in any sense *homœopathic*. It is isopathy, pure and simple, and to call it anything else evinces a want of understanding on the part of one who makes the statement.

Let Dr. Gentry and others of his class call things by their right names. Let them call isopathy, isopathy, nor try to foist upon our already over-burdened school the peculiar methods in which they delight.

Let them go to some far-off isle of the sea—to some undiscovered country—to some asylum of error—let them go anywhere.

Let them go to!

SKIN-GRAFTING EXTRAORDINARY.

Chicago is again to the front.

A patient at the Emergency Hospital has received cuticular coating to the extent of a hundred and forty-four square inches.

The patient is one upon whom Dr. Christian Fenger operated for sarcoma of the thigh, which left a denuded surface of the extent named. After an unsuccessful attempt to graft the skin of a kid (not the nursery kind), Dr. Fenger resorted to the grafting of human skin.

The patient being a Knight Templar, about two hundred of his fellow Knights volunteered to supply the needed integument. The operation was carried out with all antiseptic precautions. Each subject brought with him a razor, with which the necessary dermis was removed from his arm and grafted upon the thigh of the waiting patient. In this manner the surface was covered.

The final result has not been announced.*

In addition to this, Chicago has had another dermatological curiosity—a marked case of that rare disease, *dermatitis exfoliativa recurrens*. The patient, an adult, asked to be admitted to the hospital in order that he might, snakelike, go through the annual process of shedding his skin. True to his own prognosis, fever came on, there was a scarlatina-like inflammation of the skin, and at the end of about a week there was exfoliation that amounted almost to flaying.

The patient gave a history of having gone through such an attack at about the same time of the year annually for several years. The nature of the disease itself is not obscure, but its periodical return with such marked regularity is peculiar.

THE TREATMENT OF PULMONARY PHTHISIS.

History is being repeated.

Claimants for priority in the discovery of a specific for the cure of tuberculosis are springing up in all parts of the country. A New York doctor has a method by which he would employ insufflations of powder. An Indiana doctor would use inhalations of various drugs from an apparatus that resembles an oil-stove. A Philadelphian claims to have anticipated Koch in the discovery of the identical substance that he has presented to the world. Even DeClat and Bergeon are receiving "favorable mention."

Of all the methods that have thus been brought to the notice of the profession, the one that has been devised by Drs. Shurley, of Detroit, and Gibbes, of the University of Michigan, seems to possess the greatest merit, and no doubt some cases may be cured by it. It consists in systematic lung exercise, combined with the inhalation, in a chamber, of an atmosphere charged

*The patient died five weeks after the operation, from exhaustion due to the original malady.

with chlorine gas, which has been rendered non-irritative to the lungs by a process devised by the doctors. Also, there are subcutaneous injections of iodine and aurum muriaticum.

This method should, and probably does, cure some cases of incipient pulmonary tuberculosis. The lung exercise, the breathing of a perfectly aseptic atmosphere, the effects of the iodine introduced into the system (the relation of the aurum is not so clear), should be followed by decidedly beneficial results, and the doctors deserve credit for their enterprise, and for whatever of originality belongs to the method.

In the majority of cases—because of its insidious nature and extremely chronic course—the treatment of phthisis is generally carried on in a careless and desultory manner. On the part of the patient, this is because the serious nature of the disease is never realized; on the part of the physician, it is because the co-operation of the patient cannot be gained.

As the profession well knows, not a few cases of phthisis are cured. Many more might be cured if the disease were always recognized in its early stages and systematic treatment at once begun and pursued. The success of any method must depend on the fulfillment of these conditions.

The SHURLEY-GIBBES method demands that the treatment shall be unceasing and energetic.

Meanwhile, what of KOCH'S method?

It is still *sub judice*, but probably will not long remain so. The end seems to be near. Already a reaction has set in. The severest blow that it has received comes from the great German pathologist, VIRCHOW, who states that the injections cause the bacilli to diffuse themselves to a still greater extent over the system. If it has this effect in all cases, then it is fatal to the method as at present pursued. KOCH'S followers claim that the autopsies showing such effects were made in far-advanced cases which afford no criterion for judgment.

It is probably true that KOCH has suffered more from the unauthorized claims of his followers than from anything he himself has said. In his own utterances KOCH has claimed but three things: (*a*) That the method is chiefly applicable to *local* (surgical) tuberculosis; (*b*) that if it is effective in pulmonary tuberculosis, it can be so only in the *incipient* stages; (*c*) that to the present time the only fixed place that can be assigned it is as an agent in *diagnosis* when other methods are not positive.

If the method has no therapeutic value, KOCH, who is a true scientist and a lover of truth, will be the first to make acknowledgment. His previous work has always stood the test of time. It is his reputation for accuracy, gained in this way, that led so many in the profession—from SIR MORELL MACKENZIE down—to place so much confidence in his latest announcement.

THE HOMŒOPATHIC PHYSICIAN?

In accordance with the suggestion of DR. GEO. B. PECK, we give for the information of our readers a *résumé* of the definitions received too late for publication in January.

The total number of these replies is one hundred and twenty. They may be divided into three classes.

In the first class we place the definitions of those who expressly state that, in their opinions, the practice of a homœopathic physician should be confined to an application of the law of *similia* in all cases, and that no other method of practice is allowable. Of these there are ten, of which the following, from DR. W. B. WEBB, of Beaver Dam, Wis., may be taken as a sample:

A homœopathic physician is one who makes every prescription in accordance with the law, *similia similibus curantur*.

In the next class we place the replies of those who define a homœopathic physician as being one who believes in the law of *similia* and who applies it in practice, but who do not expressly state that they think his practice should be so limited. In a word, they leave it open for inference that other methods may be made use of. Of these definitions there are fifty-six, of which the following three may be taken as types:

DR. GILBERT SHEPARD, of LaCrosse, Wis., expresses it in this way:

One who believes in and prescribes according to the law of *similia*.

DR. H. G. LAMB, of Sharpsville, Pa., says:

One who accepts and applies the law of *similia* as the fundamental law of therapeutics.

DR. W. E. HATHAWAY, of Tennessee, says:

One who exemplifies in his practice his belief that the

law of *similia* furnishes the *best known guide* for the use of drugs in the *cure* of disease.

In this class eight take pains to state that the size of the dose should be a matter of individual judgment.

In the third class the remaining fifty-four are placed. These definitions expressly state that the homœopathic physician, while he believes in, and applies remedies according to the law of *similia*, yet may consistently make use of methods outside of the Hahnemannian. The definition of Dr. J. S. Mitchell, of this city, may be given as the type. He says:

In the present state of medicine a homœopathic physician is the only one who practices absolutely without limitation, for while guided by the law of *similia*, to him no avenue of healing is closed.

Other methods of expressing the same idea will be found in the following:

Dr. W. T. Branstrup, of Topeka, Kan., says:

One who follows the law of *similia* to the best of his ability.

Dr. Geo. Zimmerman, of Fremont, O., says:

One who for the relief of the sick uses any scientific measures indicated, and who, in the dynamic sphere is guided by *similia*.

Dr. Revel Bartlett, of Boulder, Colo., says:

One who believes in and prescribes by the law *similia*, but who uses any known means that he deems necessary for the relief of his patient.

Dr. Chas. F. Bennett, of Waterloo, Iowa, says:

One who recognizes every scientific fact in medicine, chief among which is the law of *similia*.

Dr. Chas. A. Church, of Passaic, N. J., says:

One who uses any necessary measure for the cure of his patient, and who believes in the law *similia*.

This in contradistinction to the so-called "regular," who limits his practice, and particularly draws the line at homœopathy.

These samples will suffice.

Little remains to be said by The Era. The subject has been well set forth by Dr. R. N. Foster, in his able and philosophical treatment of the subject,—published in our last month's issue,—by the comments of Dr. Peck, and by Dr. R. E. Dudgeon's letter, which we present on page 69, and which, like all that comes from his pen, states the case clearly and convincingly.

If the evidence were to be summed up in a few words, the case would probably be fairly stated by saying that a large majority of the profession hold the view that a homœopathic physician is one who believes in the law of *similia*, and who selects and applies remedies in accordance therewith. In addition to this—although not a necessary part of the definition—they hold that the homœopathic physician is privileged to, and, in justice, that he should, give his patient the benefit of any measure that recommends itself to his judgment, when, owing to the limitations of his own knowledge, or the limitations essential in *similia*, his attempts to apply homœopathy fail to give relief. All this is expressed in the definitions of Dr. Peck, Dr. T. F. Allen, Dr. Foster and Dr. Dudgeon, as well as by a large majority of the others who have responded to the Era's request.

We thank our correspondents for their courtesy, and trust that our readers have derived some profit from the presentation of the subject.

WISCONSIN.

The Badger State has fallen into line.

The Wisconsin State Legislature has passed an act creating Boards of Medical Examiners, one for each school of medicine. Our neighbors on the north have secured what we as a school are contending for, the *separate board* system.

In one respect the provisions of the law are peculiar. Each board is to consist of three members. But, in addition, there is an officer called "The Supervisor of Medical Examinations," who cannot be a practicing physician. The several boards must submit to the Supervisor lists of questions for examination in the usual branches, and from these lists he will select at random the questions for each examination, and present the same to the candidates.

No fairer or more impartial method of examination could well be devised. We are glad to see that our sister State on the north has succeeded in establishing the separate board system.

THE WORLD'S CONGRESS.

On page 93 appears a communication from Dr. Pemberton Dudley, Secretary of the committee on the International Homœopathic Congress, calling the attention of those who have papers to prepare to the importance of early action. Titles of papers should be sent to the Secretary on or before April 5th, 1891.

ORIGINAL ARTICLES.

THE HOMŒOPATHIC PHYSICIAN.

WE give this month three more communications received in reply to our question. They come DR. R. E. DUDGEON, of London, England, DR. A. C. CLIFTON, of Northampton, England, and DR. J. C. MORGAN, of Philadelphia.

From Dr. R. E. Dudgeon.

LONDON, JANUARY 1st, 1891.

My Dear Doctor:

You ask me for my answer to the question "What is a homœopathic physician?"

The truest and easiest answer I could give is, "I don't know," but perhaps that answer would hardly satisfy you, so I will endeavor, firstly, to find out what is the esoteric meaning you attach to this epithet "Homœopathic Physician," and secondly, to say what I think about it. In this benighted country we are not accustomed to call ourselves "Homœopathic Physicians," though our patients often erroneously so address us. We call ourselves Physicians, Surgeons or Apothecaries (an apothecary here is a licentiate of the Apothecaries' Company, which gives him a legal right to practice medicine and to dispense and charge for his medicine; what are elsewhere called apothecaries are here termed "Chemists and Druggists"—note the double name, each name singly means something quite different.) As I said, we call ourselves Physicians, Surgeons and Apothecaries, who, whenever we prescribe drugs do so, whenever possible, according to Hahnemann's rule "similia similibus." "Homœopathic Physician" would, I think, be appropriately applied to a graduate of a Homœopathic College, such as you have in your own country, but which we have not here—who should confine his medical treatment to the administration of drugs on the homœopathic principle. But the sphere of a physician's action extends far beyond the prescribing of medicines, properly so-called. He has to attend to hygiene, diet and regimen; he must endeavor to alter evil habits of his patient, and often to act on him by moral suasion or stern command. He must know when and how to employ with effect the sanative properties of water, air, climate, exercise, electricity and perhaps even hypnotism. His utility to his patients is often more conspicuous in keeping his patients from doing things injurious to their health, than in prescribing drugs for their factitious—but far from fictitious ailments. In short, medicine-prescribing is often the most inconsiderable part of a physician's occupation, and it is only in medicine-prescribing that homœopathy comes in. All the other remedial adjuvants belong to neither "pathy," but are common property of all medical practitioners. But doubtless you mean by "homœopathic physician" precisely what we mean by physicians, etc., who prescribe their drug remedies according to Hahnemann's rule.

You probably desire to know what latitude I would allow to such a physician in his drug prescribing. Well, I don't think we can draw a hard and fast line to limit the liberty of action of any honest and conscientious medical practitioner. Provided he accepts the Hahnemannic therapeutic rule as his general method of prescribing drugs we may accept him as an adherent of the Homœopathic School of Therapeutics; and if he has to eke out his defective homœopathic knowledge, or supply the real wants of our materia medica by an occasional but exceptional resort to allopathically-acting drugs, we should not on any account refuse to consider him as belonging to the homœopathic school, and as a disciple of Hahnemann. Of course he is as free as any member of the school to employ surgical means, water, electricity, and the rest of the adjuvants of therapeutics. Some of our school will, of course, cure more of their patients solely by drugs homœopathically prescribed, than others who make a more frequent employment of the adjuvants or who even administer an occasional allopathic dose.

I know there is a section of the homœopathic school who in writing denounce all who swerve in the slightest degree from what they consider Hahnemannic principles, and who bestow upon those who differ from them the polite epithets of "mongrels," "bastard homœopaths," "Hendersonians," etc. But it seems to me that these gentlemen have departed still farther from Hahnemann's teachings than those they revile. They seem to have fixed their attention chiefly on a passage in §279 of the Organon where Hahnemann says: "The dose of the homœopathically selected remedy can never be prepared so small that it shall not be able to overpower, extinguish and cure it (i. e. the disease,)" and so they have gone on merrily diluting and diluting until they have reached unheard of depths of dilution, such as the hundred-thousandth, the five-hundred-thousandth and even the millionth and beyond. These, by a strange perversion of language, they call "high potencies," whereas they ought by all analogy to be called *low* dilutions. And they vow that in carrying these dilutions to this inconceivable degree they are acting in conformity with the teachings of Hahnemann himself. But they forget to read the remainder of the paragraph in the *Organon* above alluded to, where Hahnemann limits the smallness of the dose by this proviso, to-wit, that it must be still capable of

causing "a slight homœopathic aggravation." And in another place he says, in the well known passage, which I need not quote in full: "I do not approve of your dynamizing the medicines higher than the thirtieth dilution."

Again, Hahnemann insists over and over and over again that the dilution of medicines shall be made on a uniform plan, which he details with great precision. But every manufacturer of "high potencies" has his own peculiar plan of making his preparations which differs from that of every other "high potency" manufacturer, and to a still greater degree from the well considered and repeatedly and earnestly insisted on method of Hahnemann himself. Dr. Fincke (*Jour. of Homœopathics*, Nov. 1890) tells us there are 24 makers and probably sellers of these un-Hahnemannic preparations who adopt all sorts of ways of making them from Jenichen, who began with an empty bottle from which the medicine had evaporated and trusted mainly to vigorous shakes to increase, as he supposed, the potency of his dilutions, to that other dealer in these wares—Fincke himself, if I am not mistaken—who contented himself with setting his phial under the tap of a water butt and allowing the water to run through the vial without troubling himself about succussion at all. Most of these manufacturers use common service water with all its impurities, these impurities differing in every locality, whereas Hahnemann insisted on the employment of pure spirits of wine.

It is impossible to suppose that all these dilutions prepared in different ways with dissimilar diluting media can represent the same thing. Accordingly, when the employers of these preparations record their marvelous cures, they have to mention the name of the manufacturer after the supposed degree of dilution. Thus we find that after their c.m., d.m., m.m., etc.,etc., the names of Fincke, Swan, Jenichen, etc., inserted in brackets to denote who is responsible for the preparations used. What becomes of the uniformity to be employed by physicians so urgently insisted on by Hahnemann? Those who employ these so-called "high potencies" call themselves "Hahnemannians." But they seem to be rather doubtful of their right to the name, as they persistently claim it, and disparage all who question their right to it. As they are chiefly distinguished among the adherents of homœopathy by their devotion to infinite littleness in their doses, I think the name of "Hahnemannikins" would be altogether more suitable. It would in a manner indicate their bias and would not be objected to by any others who acknowledge Hahnemann as their master.

Believing as I do in the inherent right of all to perfect liberty of opinion and action, I would not exclude any who acknowledge Hahnemann's therapeutic rule *similia similibus curantur* (not *curantur*, as that was never Hahnemann's formula) as their guide in the selection of the medicinal remedy from the right to be considered members of the homœopathic fraternity. The minds of men differ as much as their countenances, and the portals of our reformed school should be wide enough to admit every different variety of opinion and practice as long as these can be shown to be not inconsistent with the acknowledgment of the only scientific therapeutic rule. While holding strong opinions myself on matters of detail in the application of this rule to practice, I freely concede to others the right to hold different or even opposite opinions to my own on such matters, and I believe that the truth is better advanced and developed by the comparison and discussion of different ways of viewing it, than by any enforced uniformity of opinion and practice. Hahnemann's scientific formula is sufficiently catholic to embrace an infinite variety of opinions with regard to its practical application, and toleration of everything that does not involve denial of its validity should distinguish all who range themselves under the banner of homœopathy. The homœopathic umbrella is ample enough to shelter all who acknowledge Hahnemann as their master from those, if there be any, who implicitly conform to his teachings to those who, like the Hahnemannikins, have departed most widely from his technical instructions.

Yours truly,

R. E. Dudgeon, M. D.

From Dr. A. C. Clifton.

Northampton, England, Feb. 4, 1891.

To the Editor of The Medical Era:

You have asked me to reply to the question, "*What is a homœopathic physician?*" This request can not be from any doubt by yourself, or of every sane and well informed man of what is meant by the term, and I presume you rather desire to see how men of different minds, observation and expression, will formulate or define the same. *Definitions* are proverbially dangerous subjects to take in hand, because the *quality* or essence of a thing, word or term, not only requires to be laid bare, but the *quantity* of the distinctive trait, to be fairly estimated to make the *definition* complete.

By way of illustration, suppose the question. *What is an Englishman?* Here, some would say, *a man born, bred, and naturalized in England*, and so far this would be correct, but of too narrow a definition. Others would say,

perhaps, in addition to the foregoing description, that *he* is a man inbred with English ideas, believing in, and caring for, but little more than was of English parentage and development; and here, while there would be some amount of truth in it, would be one that I could not accept. I would reply, that, in addition to the first definition, he is a man with less of the go ahead characteristic of the American, and having greater regard for experience and tradition than your countrymen; is more severe and rigidly critical, but at the same time, of as broad, cosmopolitan and inquiring mind as men of other nationalities. These remarks are in no way antagonistic to Americans, medical men or others, for I esteem them as highly as I do my own countrymen, but are submitted by way of introduction, and showing the difficulties attending a *strict definition.* The question might as well be: *What is a heretic*, medical or otherwise? And here the answer must not only depend upon what is orthodox, and a man departing from an accepted rule of faith and practice, but to the extent of his departure; *quantity* as well as *quality,* is a necessary element in the case. The question you have asked me is one easy of answer as regards the *essence or principle*, but *quantity* here comes in, and although a hundred men would very likely give as many different answers, I believe eighty of the number would be largely and substantially agreed as to the meaning of the term, although they would express the same somewhat differently.

My own answer is, in the light of the remarks I have already made, I contend that I have been "*a homœopathic physician*" for over thirty-seven years. For the early, and one-third part of that time I was so in the narrow and restricted sense of the term, of non-pathological, and of severely Hahnemannian, high dilutionism, in the matter of the dose, but for the last ten to fifteen years have broadened out, and with larger doses, and yet contend that I am as much a *homœopathic physician* as ever, although not so strictly a Hahnemannian. Do I *always* practice homœopathically? By no means; for if I had to treat a case of poisoning by Opium, I mainly rely upon large and material doses of Belladonna as an antidote, and this is not *homœopathy;* when, however, the immediate and destructive influence of the Opium is overcome I try to meet the subsequent condition of the patient by medicines that are homœopathic to the same. Is it a case of fractured bone or dislocated joint—these have to be mechanically set right,—and is not homœopathy, but subsequently homœopathy may come in with benefit. Is it a case of cancer in an advanced stage, or of any other disease, past cure, I seek to ameliorate the condition by drug, the pathogenetic symptoms of which resemble the symptoms of the case in point—and these I prescribe in infinitesimal doses, but if these fail to afford relief, I adopt other measures, *antipathic* or otherwise, and in material doses—in fact, anything that will relieve the patient—I make use of hydropathy, galvanism, antiseptics or germ-destroyers, —pay great regard to diet and hygiene, etc., all of which agencies are outside of homœopathy although they may be used in combination with it, but as I prescribe medicine on the principle of "similars" in at least eighty per cent of my cases, I claim to be a "*homœopathic physician*;" if on the other hand, I practiced allopathy in as great proportion of cases as homœopathy, I could not say I was one or other, but an eclectic. A short definition of the term I would state as "*a physician who practices homœopathically.*" But I contend that quantity is as needful as quality.

Believe me, yours truly,
A. C. Clifton, M. D.

From Dr. J. C. Morgan.

Philadelphia, Pa., Jan. 2, 1891.

If I attempt to define my conception of "A Homœopathic Physician," I must comprehend a kaleidoscopic variety of examples, for I recognize all honest professors of the art as entitled to the name, even where I deprecate more than half their position as erroneous. Beginning just here, I see an example in:

1st. One who accepts the formula, *Similia similibus curantur*, not as *the law*, but as a true and natural guide in the selection of drugs for curative ends; who objects to Hahnemann as extreme, visionary, and somewhat discreditable, the founder of irrational dosage, of a fanciful and untrue treatment of chronic diseases, and contrary to the honor of the profession as the father of a medical sect; who, in general, disbelieves and rejects his theories, his "dynamism," and his symptomatic practice, and insists upon the substitution of pathological and nosological indications in prescribing, giving drugs in material quantity for definite material ends; but who, on the other hand, in consequence of the bigotry of the dominant school, contents himself, for the time being, with the sectarian designation and cooperative association, but always under protest, who gives of his means to the support of its representative institutions, and who is, on the whole, a valuable ally, even if only a "free lance."

I would include next a large and respectable crowd, of whom the type is, 2d, One who knows little and cares less of the philosophy, or the rationality, or the personality of Hahnemann, but who *knows*, by education, intuition,

and experience that close resemblance of disease and remedy *phenomena* enables him to successfully prescribe for disease, and who, consequently, goes plodding on—doing it; and who, when he occasionally fails to reach full success, proceeds without apology to adopt any empirical expedient which may offer, regardless of consistency, but who always swears by "the law of cure."

3d. Here is another type, viz.: One who accepts the formula, *similia similibus curantur*, as the only *law of cure*, who also adopts as the rule of his practice the three-fold principle, viz.: *Simile, simplex, minimum*—the similar, the single remedy and the minimum dose; who accepts Samuel Hahnemann as the complete example of the true homœopathic physician, and who receives his practical precepts as the well-tested and well-established basis of curative success. Again, I find a type, 4th. One who, accepting all the tenets of the last, also tenaciously holds and insists upon every detail of Hahnemann's theories, and who is his imitator in every detail of his practice, and who is merciless in ostracism of all who see and do otherwise, in particular by symptomatic prescribing, to the absolute exclusion of all pathological reasoning, by the exclusive use of the highest attenuations obtainable, and by the rigid application of Hahnemann's doctrine of the three miasms, in his treatment of chronic diseases.

Another type, to-wit, the 5th. This is your Ishmaelite. He is, and claims to be, a law unto himself; ambitious, learned, great on "research," on the microscope, on ancient books, and modern journals and "Transactions"—of the old school; profoundly convinced of the utter ignorance of homœopathic doctors; not afraid, therefore, of befouling his own nest, of currying favor with the "senior profession," but treating their innocent trust with sardonic lordliness; committing himself somewhile to elaborate bubble-blowing, and it may be exploding indignant fireworks about the devoted head of some "irresponsible" youngster who dares to prick his bladders; coquetting at will with both extremes of homœopathic practice, surprisingly successful, and anon at war with either, and again, unsurpassingly treacherous with both, by turns. But your Ishmaelite, like other things, has his good uses!

My last chosen type is the 6th. One who, with Hahnemann, accepts *the law* "similiia" as the sole law of cure in all medicinally curable cases (*i. e.*, all "medical" cases proper); apart from the territories of mere *hygiene*, of *toxicology*, and of *mechanical surgery;* who, with Hahnemann, rejects speculative, and adheres to inductive methods in theory and practice; who, with Hahnemann, accordingly bases his reasonings and his practice upon pure experimentation; who, with Hahnemann, relies upon provings of drugs upon the healthy human body, and especially upon the verified and well-developed "characteristics" which have sprung therefrom, as the foundation of all accurate prescribing, and who, finally—and still with Hahnemann—welcomes and utilizes all real scientific progress, and instinctively rejects all pseudo-science.

Amongst all these types, surely, I may hope the true portrait may be found which will be accepted as the fair presentment of "a homœopathic physician."

WHY I AM A HOMŒOPATHIST.

By SHIRLEY R. SNOW, M. D.

ROCHESTER, N. Y.

[Read before the Homœopathic Society of Monroe County, N. Y.]

THE subject that I have the privilege of presenting for your consideration to-day has been one of absorbing interest to me. Should my diagnosis prove to be correct, and your prognosis appear sufficiently encouraging for you to take charge of the case, my paper shall not have been without its just reward. It is not without its parallel. Homœopathic literature is replete with similar histories, and I may add that few, if any, have retrograded under the treatment to be pursued.

You will pardon me if I refer to family history, for there seems to be a hereditary influence brought to bear. My grandfather, the late Horatio Robinson, M. D., was a graduate from the old-school, but soon after entering practice took up the study of homœopathy and became one of the pioneers of the new-school in Western New York. My uncle, Horatio Robinson, M. D., of Auburn, was graduated from the old-school, but, following the footsteps of his father, he took up homœopathy and his name is too well known in your societies to make it necessary for me to add that he is an ardent adherent to the new-school. To these physicians, practicing homœopathy, I shall always owe a debt of gratitude for bringing me through a severe illness during my youth.

My earliest recollections of the use of medicine are associated with those sugar pills alway so fascinating to children. My childhood's days are not far enough removed for me to forget the quieting influences of Colocynth over the colic of green apples, or the soothing effect of Tartar emetic and Arsenicum when an injudicious mixture of cherries and milk was making frequent, and, to say the least, unpleasant effects to escape from either end of the alimentary canal. After taking a bachelor's degree from Harvard College, I pursued the study of medicine at the College of Physicians and Surgeons of New

York City. You may ask me why I did not attend a homœopathic school. The question has been asked me before. It is granted that a thorough foundation may be obtained in the colleges of the new-school, but I wished to know the method of treatment under the old-school, and to derive the advantages of their well equipped hospitals, for the characteristics and effects of disease must be learned at the bedside. To do this it was necessary to start in the old-school, for you all know that through their illiberality they will not accept the time spent in any school but one of their own class. During my course a large part of my time was spent in the hospitals, and the last six months were spent as junior assistant on the medical staff of the Presbyterian Hospital.

The 1st of July, 1889, I entered a sanitarium in a small town in Michigan. Two months later the entire responsibility of the institution was thrown upon me. You well know that a sanitarium is a poor place for drugs. People come there who have had drugs *ad infinitum*. So the sanitarium must resort to electricity, massage, baths, diet, etc. The few remedies I did use were chosen from the homœopathic materia medica, and prescribed according to the law of similars.

Outside the sanitarium my experience was chiefly with *la grippe*, and I am satisfied that the cases did better, recovered more quickly under simple homœopathic remedies than did those treated by the regulation doses of calomel, quinine and antipyrin, and there is little doubt in my mind that among the numerous cases of heart-failure there were more due to antipyrin than to *la grippe*.

During my practice I have taken great interest in comparing the effect of the treatment of the two schools, and I am convinced that the maximum amount of good with the minimum of harm is acomplished under homœopathic treatment. Take, for example, the action of Chamomilla in the colic of young children where heat does not relieve; doubtless you have all seen it work, like magic. Compare this with a purge or an opiate.

The action of Spongia tosta in croup compares favorably with the emetic doses of Ipecac. These are simple diseases and simple remedies. Let us look at the abortive influences of Aconite and Bryonia in pneumonia, and compare it with the regulation twenty grains of calomel. It is true that we can not always succeed in aborting the disease, but I think the percentage power is in favor of the former, and surely there can no harm come from it.

Hepar sulphur affords a striking example in its effect on inflammation of the power of a simple remedy, but the new-school can no longer claim the exclusive use of this drug, for, like many other remedies, the old-school has also absorbed this valuable one, but fails to give credit where credit is due.

In the administration of drugs I have endeavored to find some law in the old-school, but it all amounts to empiricism. It is true that all medicine must of necessity be empirical. *Experientia docet.* Consequently, if we find a remedy working well to-day, it is but just to our patient that under the same conditions we will use that remedy to-morrow. But just here homœopathy comes in with its law of *similars*, and not only explains the reason why the drug acts, but gives a law for prescribing in other cases. I am well aware that my friend, the so-called "regular," will call it "nonsense," but let him state his authority for that opinion, and if he be true, and study conscientiously the working of the law of *similars*, he will become an adherer to the law before he supports his opinion. Said the lecturer upon materia medica at my Alma Mater, in speaking of Antimony, "In regard to this drug, gentlemen, I must say that whether there be anything in Homœopathy or not, small doses of the drug will correct the symptoms produced by large doses of the same drug."

It has been said that homœopathy treats symptoms, but does not cure. Let us admit the first part of this. Is it not, after all, the rational method? There are many diseases of which we do not know the cause, and again many mistakes are made in diagnosis, but there is one part of disease which we can not mistake, and that is the symptomatic. We may be led to lay too much stress upon this or that symptom, but we at least have some basis to work upon. The old school is tending toward this. On what grounds are their antipyretics administered? Do they cure disease by attacking the cause? By no means! At their best they merely stop the rapid tissue oxidation of high temperatures, and thus conserve strength. The anodynes, hypnotizers and stimulants merely assist nature to withstand the assault. They do not attack the cause.

The study of pathology has added much to our knowledge of disease, but what has it done toward curing? The pathology of Bright's is well known. Can we cure it? We learn that germs cause inflammation, and under antiseptics we operate in the most delicate parts of the body, but to-day the results are equally as good, if not better, under asepsis, and surely the advantage of cleanliness was known long before pathology was made a study. At present pathological treatment seems to be post-mortem rather than ante-mortem.

There are two features about the therapeutics

of the old-school to which I would call attention, namely:

(*a*) The tendency to the production of new drugs, and,

(*b*) The danger of habit-forming.

The former would indicate that the old remedies are inadequate. A medicine comes into prominence, is experimented with a few months, and then most are ready to use it. In this there is great danger. Drugs which appear perfectly harmless at the start, soon prove their power to kill. Take, for example, sulfonal—an excellent hypnotic it is true—but two years ago it had produced no bad after-effects, but to-day we read in the journals of deaths caused by its administration. And thus it is that one drug after another appears in rapid succession, has its brief period of popularity, and falls into disuse. This is not true of the new-school. There the main reliance is placed upon remedies which have long been in use.

It is not necessary for me to enlarge upon the subject of habit. I would not deny the use of morphine. There are cases which demand it. But I would denounce the wholesale use of it. There seem to be two pre-requisites to an old-school physician in making a visit, namely, a prescription-blank and a hypodermic syringe with morphine. If the patient is suffering, a dose of morphine quiets the pain, while a long prescription can be filled at the drug-store. Morphine is not alone the only habit-forming drug. Note the effect of antipyrin, cocaine, sulfonal and chloral. Are any such habits apt to be brought about under homœopathic treatment?

It is interesting to compare the two works, Hughes' "Manual of Pharmacodynamics" and Ringer's "Handbook of Therapeutics." Both are recognized authority in their respective schools. Ringer is replete with the homœopathic working of drugs. Does he give credit where credit is due? Not once. Hughes quotes from Ringer, but he is free to state his authority.

In looking over the records of the old-school for the last century one can not help but see a vast difference in the amount of medicine used. What influence has produced such a change in their dosage? Do you ever hear them admitting that it is homœopathy? Did you ever hear any one prove it to have been anything else?

My friend in the Hahnemann society may say: If you believe in the law of similars why do you become a "mongrel?" If we would perfect the art of healing we must make our knowledge complete. Hahnemann promulgated a great law, but shall we stop here? Must not advance be made in that as in similar lines? Must not the physician take what that advance shows is for the welfare of his patient?

The time is not yet ripe for a man to call himself a physician regardless of school. So long as the old-school denies the law of similars, the homœopathists will remain distinct, and the old-school must bear the name allopathists. The time may come when the two schools will be united, but that time cannot come until homœopathy receives just recognition.

NUGGETS DUG FROM THE HOMŒOPATHIC MATERIA MEDICA.

By H. D. CHAMPLIN, A. B., M. D., CLEVELAND, O.

INSOMNIA of aged persons, Aconite[12c], given at bedtime.

Nervous exhaustion from over-study, general temporary feebleness of brain-power, weakness of memory, Anacardium [12c].

Epistaxis in growing children, Arnica[3-12c].

Cough succeeding pneumonia, which would otherwise prove lingering, Arsenicum [3-6-12c].

Swelled feet of the debilitated, and of aged persons, Arsenicum[3-6c].

Chronic dyspepsia with great sinking at the epigastrium, and dry brown tongue in the morning, a useful remedy is Baptisia[1 to 3 dec.]

In complete general paralysis of old people, Baryta carb[6-12 dec.] will prove of great service.

Burning in the soles of the feet, at night met with in hysterical women (due to deficient excretion of urea), is cured nine out of ten times by Cantharis[2 dec.]

Coldness in the scrotum in the prematurely aged, is cured by Capsicum ann.[2-3 dec.]

Chamomilla[3 dec.] promotes the formation of pus in chronic abscesses where Hepar has failed to act promptly.

Irritation of the spine, and spinal pains, with imperfect circulation (shown by blueness of nails, coldness of extremities, etc.), is well met with China[1-30 dec.]

Insomnia owing to excessive agitation of body and mind is cured by Coffea cruda[3-12 dec.]

In chronic constipation, where there is ineffectual urging, with anæmic symptoms, flushed head and face with cold hands and feet, Ferrum aceticum [3 dec.] will often cure. (Give medicine on a full stomach.)

In vomiting consequent on cerebral disturbances, Hyoscyamus[3-6 dec.] is often of service.

Hæmoptysis, Ipecac[1-3 dec.] rarely fails. (Dose every fifteen minutes for a few doses, then at longer intervals).

Pains in the back and right side caused by congestion of the liver, yields rapidly to Lycopodium[6 dec.]

One of the frequent signs of liver-affection is "nightly itching" without eruption; patients describe it "as if small insects were biting the

skin." The remedy is Mercurius sol.[6 dec.] trituration.

Asthma connected with imperfect and slow digestion, Nux vomica[6-30 dec.]

Dysmenorrhœa connected with great general pelvic distress and the period comes on or goes off with dysenteric diarrhœa, Pulsatilla[6-12 Cent] s invaluable.

In the peculiar muscular pains about the lower margin of the shoulder blade, found in women who follow sedentary employment; pain of a burning character, often over only a small space and greatly aggravated by long continued needlework or writing, Ranunculus bulb.[3 dec.] is the only remedy I know of which cures it.

455 CLARK AVENUE.

ABORTION AND ITS MANAGEMENT.

BY J. E. WELLIVER, M. D.
DAYTON, OHIO.

[Read before the Indiana Institute of Homœopathy.]

IF it is a fact that one-third of all mothers miscarry before they reach thirty years of age, it behooves us to know as much concerning abortion as is possible.

I well remember my first case of abortion. Partly from timidity, but mostly from no well-defined idea what to do, I did nothing. The patient got along after a fashion, which was not very well. An older physician finished the case. I was young, inexperienced, had not had the proper advantages when a student of medicine in my preceptor's office. I know it now; I did not know it then.

I shall attempt to give you a few practical points, as I have learned them from study and at the bedside. They may not be new to you, but they have been often verified. Not only because of the frequent occurrence of the casting off of the product of conception before maturity—especially before the end of the fourth month—but also because of the great distress of the mother following a badly managed case, do we need to know the best means of its prevention, and of its safe termination when not preventable.

Inasmuch as the placenta does not begin to form before the end of the second month, many "mishaps" occur unknown to any one; even the woman knows only that she has missed once, or gone a few days over time, and that when the flow came it was more profuse than usual. After the eighth week, up to the end of the fourth month, we meet most of our cases, and the cases that occur to the end of the fourth month are the ones to which we properly apply the term *abortion*. After the end of the fourth month to the seventh, the term *miscarriage* properly applies. From the end of the sixth month to eight-and-one-half months we style it *premature labor*, on account of the possible viability of child. There are well authenticated cases of children living that were born at six months. I have seen a five-months' fœtus survive several hours after expulsion, but as a rule few live before the seventh month, more live at eight months than seven, notwithstanding the popular idea to the contrary.

The causes that may affect any time during pregnancy and cause a too early expulsion of the uterine contents may be, (*a*) systemic, (*b*) fœtal, or (*c*) uterine.

The system may be prostrated by nervous diseases, as chorea or tetanus. It may be affected by drugs, and by the emotions through reflex action, causing expulsion of the fœtus. The condition of the blood, also, may so act on the uterus and its contents that it refuses to carry its burden, notably conditions of the blood in syphilis, small-pox, scarlatina, measles, chronic malarial poisoning, and not least often, but oftimes overlooked, is the condition of the blood produced by overcrowding in public places, with poor ventilation, overcharging the blood with carbonic-oxide gas.

Causes that may affect the fœtus are: external injuries, twisting of the cord or other injury before the fourth month, or anything causing it to die in utero.

Causes that are usually referred to the uterus are due generally to retroflexion and consequent congestion. Laceration of the cervix comes in for its share of blame in this trouble, as well as in many other conditions. Yet we not infrequently confine women at full term with lacerated cervices up to the internal os; yet, no doubt, in many cases, it is the only cause.

In looking for the symptoms of abortion it is well to bear in mind that the first and most important is hemorrhage; second is pain, and usually the third is vomiting. The first two are the essential ones and demand attention.

The treatment will depend upon the cause, the symptoms, and the condition of patient. If we find our patient suffering from any of the foregoing causes, or any other, it is our duty to so treat the patient as to ward off any impending danger, first to the mother, then to both mother and fœtus, until we can remove the cause; cure the chorea, replace the retroverted uterus, or whatever else there is to do.

If we have the "habit of abortion" to deal with we may not be able to arrest this particular case, but after we conduct it safely to its end, we can so treat our patient as to break up the habit, and here is where I find most use for remedies. I will not mention any special remedies. I do not believe there are any that are specific. Prescribe for the totality of the symptoms and you will succeed.

If we find the patient flowing freely we must

find out by digital examination if it is wise to arrest the threatened trouble or to encourage it to a safe termination. A rule that will not fail is this: Though the woman is bleeding, yet on examination the cervix is not sufficiently dilated to insert the finger and feel the fœtus, it is your duty to try to arrest its progress at once. But, on the contrary, if you can feel the presenting part of the fœtus it is the height of folly and danger to hope to arrest its progress; you must know how to terminate it safely.

In the first condition place your patient in bed and have her so remain till well, and out of danger. Insist on *absolute quietude* as to herself. Let her surroundings be quiet, darken the room, allow no one to see her but her nurses and those of the family that tend to make her less anxious. Her diet must be light, but nutritious; select your remedies in accordance with the symptoms, but always bear in mind that *absolute quiet* of both body and mind is the *sine qua non* of your success. Thence fail not to administer remedies that will quiet the nervous system and pains. Chief among these is Opium in some of its forms.

I would call your attention to another remedy that has served me well when other means failed to quiet the pains and procure sleep, and that is the comparatively new remedy acetanilid in two to four-grain doses; first two doses may be given half-hour apart if needed, and others in three, four, or six hours. I have never had occasion to regret its use in these cases. It is yet an unproved remedy. I can give you no symptoms for its use more than that the pains are not only confined to the lower parts of the abdomen, but flying, darting pains occur in the legs, arms and body, simulating neuralgic pains, but not periodic. It has no effect on hemorrhage. For the relief of hemorrhage, if not controlled by the use of your remedies and confinement to bed, apply an antiseptic tampon, after the manner so well described in the recent text-books on the diseases of women, namely: Placing the patient in Sims' position and using Sims' speculum.

Now, if you have not succeeded in arresting further progress of the calamity you have your patient safe, and in the best possible condition for future treatment.

The tampon should be removed in from twelve to thirty-six hours. If there are no more pains, no more bleeding, and the cervix is undilated, leave the patient in bed until her condition warrants her in getting up.

If on removal the case is not ended, but the cervix dilated, yet not sufficient for removal of the contents, some hemorrhage continuing, you may choose either to apply another tampon, after thoroughly cleansing the vaginal canal with antiseptic solution, or giving the patient ether, forcibly dilating the uterus and removing its contents with the finger—the best of all instruments, but unfortunately often too short—or by the aid of forceps of which Schuetter's have proved the most valuable to me.

Generally after removal of the first tampon, the abortion not being arrested, the contents are well in reach and easily removed.

See to it that the uterus is thoroughly cleansed, and if it has been necessary to use instruments, douche the interior of the uterus with hot bichloride solution, one to four thousand once or twice a day so long as any discharge continues offensive to sight or smell. Of course all the surrounding parts outside are to be made and kept from the beginning as thoroughly aseptic as is possible by washings with the bichloride solutions.

If you first see a case well on the way, with no serious hemorrhage and good effective pains, the cervix dilated and the uterine contents to be felt, interfere as little as possible; but if bleeding needs arresting, waste no time; apply the antiseptic tampon thoroughly, go about your business, look after your patient in twelve hours at the farthest, and you will most likely find the uterus completely emptied. But should you find the fœtus expelled and the membranes or placenta remaining, do not hesitate to put her under ether and dilate the cervix. There are no better dilators than graded steel uterine sounds; if the largest is not large enough, use two or more at once, side by side, introducing one after another. Use the dull curette to loosen any attached pieces of placenta, after which thoroughly irrigate inside the womb with antiseptic solution, preferably bichloride, one to four thousand. Make it a rule never to leave anything in the uterus that may putrefy and cause septicæmia, and never spare any pains to make all your operations here, as well as elsewhere, perfectly aseptic.

HYDROGEN PEROXIDE IN DIPHTHERIA.

By G. F. ADAMS, M. D.
PULASKI, N. Y.

THE article in the December Era copied from the *Medical Times*, by George W. Major, in regard to the use of Peroxide of hydrogen in diphtheria, I can heartily indorse. I have just discharged three cases of diphtheria that I treated with Chas. Marchand's Peroxide of hydrogen. I sprayed the throat with an atomizer filled with full strength 15 volume solution of Peroxide in the early stages. The membrane was removed almost at once, and after the first application and one complete clearing of the throat, I then reduced the 15-volume solution by adding three parts water to

one of Peroxide, and by spraying the throat thoroughly as often as once an hour, all membrane was destroyed, the breath was kept sweet, and the throat in a fairly comfortable condition. When used at first in full strength the patient may complain of a slight smarting, but no irritation results.

The atomizer should consist of nothing but glass and rubber, as the Peroxide has a strong affinity for all metals, except gold, silver, and the rare metals.

I can assure all who try Peroxide of hydrogen as a local application in diphtheria that they will be thoroughly well pleased with it.

THERAPEUTIC NOTE.

By CLIFFORD MITCHELL, M. D.
CHICAGO.

IN certain cases of neurasthenia, especially with anæmia in young people, I find phosphoric acid in the urine notably decreased, both relatively and absolutely, and more so than the urea. The ratio of the urea to phosphoric acid is sometimes much increased from deficiency of the acid. The urine resembles somewhat in character that of contracting kidney, but the absence of a history of cardio-vascular changes and the general symptoms serve to differentiate.

The night urine is *sometimes* in excess of the day, but if a record be kept for a number of days, the day urine as a rule exceeds the night. Albumin and casts are absent. In one case I found plain trace of albumin once, but never afterward. With such cases I have had better results from the administration of hypophosphites than from phosphoric acid. The diet should be plain, and not very abundant. Alcohol is forbidden, and tobacco reduced to the minimum.

DIET IN TYPHOID FEVER.

By W. P. HAYWARD, M. D.
LAWRENCEBURG, IND.

IT is not often that I feel called upon to write for the public, much less for the profession. But having had no little experience in the treatment of typhoid fever I am moved to give my personal experience. I practiced for more than twenty years in a locality where it prevailed every summer and fall.

There seems to be a remarkable uniformity among physicians of both schools in regard to diet in typhoid, so much so that had not my ideas and treatment been eminently successful beyond all I could ask or expect, I would forever have remained silent and stood ready to accept the commonly accepted doctrine, so far at least as to give it a thorough trial. But believing that we should let well-enough alone, I have never ventured on the force plan, but have been contented to acknowledge nature as my guide, and act accordingly. The result has been that I have adopted a plan at variance with the vast majority of the profession if I may judge from that which finds its way into medical journals, and is incorporated in medical works.

First I will relate my experience as regards diet, and cite two cases only. Scores of others could be cited. Writers of all schools prescribe milk, generally cow's-milk. All without exception, so far as I know, make a clean sweep of all cases, mild, severe, extremely severe and dangerous, and give milk, milk, milk. Here comes Dr. Gayle in a little tract and says: "Feed the patient to the extent of two quarts of milk per day." No exception is made; he adds, however, that "intestinal hemorrhage occurs in many cases."

I should think it would! Had this statement not come from an apparently good authority, it would appear too ridiculous to be noticeable. I do not hesitate to say that the average healthy adult confined to his room with a good appetite and digestion would consume two quarts of milk per day, nor its equivalent in anything else. His theory, in common with a good many others, is "Feed your typhoid patients to keep up their strength." And to prevent waste, give alcohol.

This is all theory. Alcohol prevents the very waste that nature is trying to eliminate, therefore, to prevent it by any means is to do an irreparable injury. Dr. Gayle with many others lays great stress on reducing the temperature, which, of course, is all theory again. The temperature is never too high; it is always just right. Do not aim your remedies at any one symptom. Do not attempt to reduce the temperature by dosing with antifebrin or anything else. Do not try to check diarrhœa with astringents. Do not try to prevent waste, nor to keep your patients' strength up with nourishment that is entirely at variance with his desires or inclinations. Prescribe for the totality of symptoms and the temperature and all other symptoms will take care of themselves. In mild cases where there is a little moisture on the tongue, and consequently a little secretion of gastric juice, with slight desire for food, a small quantity of milk may not come amiss. But do not force it. Never urge the patient to eat. Let the quantity always be in proportion to the wants or desires of your patient, and the ability of his stomach thoroughly to digest.

But in a severe case, where the tongue is dry, smooth and glossy, stiff, and with great difficulty protruded, and sometimes with as much difficulty withdrawn, there is not the least desire for nourishment, and it would be about as ra-

tional to expect the stomach of a moribund patient to perform its function as to expect it in such cases.

According to my experience imperfect digestion destroys more lives than any other one thing. We are a nation of gluttons, and nine hundred and ninety-nine in every thousand babes are stuffed, and then the mother wonders why her child frets and cries so much.

Case I. While practicing in northern Ohio in 1868 I was called to visit Miss Lydia G., an unusually healthy girl of about twenty-four years of age. I found upon my second or third visit a settled case of typhoid fever. I informed her, as was my usual custom in similar cases, that she was booked for a pretty long and perhaps severe sickness, and that she had better make up her mind to be patient, as it would be worse than useless to try to hurry it. She being quite resigned I prepared her medicine, and gave the usual directions. On coming down stairs and informing her family of my diagnosis, about the first thing asked was, "Doctor, what must we give her to eat?" My reply was, "Nothing, absolutely nothing. Give her the medicine as directed; give her water freely; bathe her over once or twice daily; keep her bed in order; keep her as comfortable as possible. That is all."

The family having implicit confidence in homœopathy and apparently in me, I have no doubt my directions were carried out to the letter. Everything went on quietly for about a week when her father began to get exceedingly anxious lest Lydia would die of starvation. Daily he visited her room and inquired if there was anything in the town she could eat. "The doctor says I need not eat unless I want food, and I want nothing but water," she replied.

Matters went on this way for two weeks more when the fever reached the critical point. On the twenty-first day Lydia could not turn in bed. She commenced to improve and on the twenty-eighth day she got off the bed and by holding on the foot-board walked around and got on the other side. On this day she took her first nourishment, got up nicely, and is alive to-day.

Some may say, "Yes, but how much better she would have got along by being properly nourished." Wait, and we will see.

Case II. The same summer I was called to visit the twelve-year old son of Mrs. A. I found a marked case of typhoid fever. His mother, a strong-minded woman, had some ideas of her own which she did not propose to set aside for any doctor. Very religious and conscientious however, one who professed sanctification, she was far above deception and I knew all would be open and frank. I at once saw there was to be a conflict, and that as regards feeding. But she, having much more medical authority than I had, I partly acquiesced, not willingly, but because I had to, or abandon the case. The fever went on for two weeks with more or less but almost constant delirium. Slight diarrhœa, with rumbling in the bowels. Seeing that matters were getting worse and worse I concluded to have one serious talk with the old lady and have my way, or give up the case. Taking her to one side I frankly told her that her boy was going to die, that there was no earthly reason for it except the food she was giving him, and that, in fact, she would be responsible for his death. I talked as I felt it my duty to regardless of consequences. She took it all very coolly and as coolly informed me that she did not think her boy would die, adding that she, with several of her friends had prayed to the Lord and thought they had an assurance that her son would recover. In reply I gave her a little of my idea of theology, and took my hat and left.

In the evening Mr. A. came to my office, said they had called in Dr. J. (an old physician who had many years since become disgusted with old-school practice and had gone clear over to the no medicine theory) and after talking the matter over thoroughly had concluded that if I thought I could do anything in the premises that Mrs. A. would reluctantly, at their request, retire from the case so far as any dictation was concerned. But Mrs. A. protested that in case of fatal termination she would always think a cure might have been effected under her regime. However, at the father's request I resumed the case. All nourishment was withheld. The fever went on for two weeks with a favorable crisis, a good recovery, no more delirium nor diarrhœa after all nourishment was withheld. At the time the change was made the patient was too weak to turn himself in bed.

Mr. Editor, I could fill one number of your valuable journal with similar cases.

The twenty years I practiced at Oberlin I treated from two to eighteen cases of typhoid each summer and fall, genuine cases of enteric fever; nothing questionable included, in all something over two hundred cases; ages 16 to 55 years. Loss, three cases taken from hands of other physicians, one case was complicated with a diseased condition of lungs of long standing; one relapse from eating ham and eggs next evening after dismissal; one a young lady of sixteen died from relapse through interference of friends who wanted her to get up faster; six cases in all. In view of such success will any one ask me to change my methods? I never prescribe alcohol in any form in such cases.

My experience, embracing over a third of a century, is that acute cases do not starve. I believe that in every instance where death oc-

curs from exhaustion, it would more surely occur under the force plan. During my twenty years at Oberlin, I witnessed or knew of death after death every year, and yet they persisted in dosing their patients with milk and brandy. Milk and brandy seemed to be the main reliance; yet I honestly believe they lost one in every five cases treated.

I am willing to be criticized, but I would dislike to see one rush into print and severely criticize my article who has never given my plan a fair trial. The responsibility of giving advice in so serious a disease as typhoid fever, and especially public advice, sometimes seems to me to be a very serious matter. Some unfortunate's life may be sacrificed by it, yet with a full realization of such grave responsibility I do not hesitate to say more especially to my professional brethren who are just commencing their medical career, *Do not feed your severe typhoid-fever cases.*

I will close with a digression, and add, if you want to be successful in treating nursing babes, see to it that their mothers stop stuffing them.

EFFECTS OF GASOLINE POISONING.

BY MARY DENISON, M. D.
ANN ARBOR.

THREE persons who inhaled volatilized gasoline were affected by the symptoms here recorded:

CASE I. Mr. ——. Pressive pain in the parietal and temporal regions; loss of coordination of ocular muscles; respiration difficult; force of heart-beat increased; syncope, lasting five minutes; vomiting; throbbing headache; cutting pains in dorsal and scapular regions; adynamia and vertigo, lasting four days. All pains pulsating, and all symptoms worse from motion.

CASE II. Mrs. ——. Vertigo; livid countenance; deep, boring pain in temples; sensation of a downward pressure of the pelvic organs; pulse-rate accelerated; vomiting; severe headache and mild delirium; formication; prostration, lasting several days.

CASE III. Miss ——. Vertigo; pulsating pains in parietal and temporal regions, worse from motion; slight constriction of the fauces, nausea; neuralgic pains about the face and teeth, relieved by pressure and hot applications; pulse-rate accelerated.

Local anæsthesia for minor operations is obtained by combining ten parts of chloroform, fifteen of ether and one part of menthol, and using the mixture in a hand atomizer. After one minute's application of the spray such a degree of anæsthesia is produced that incisions can be made for the removal of growths, opening a felon or an abscess, without causing pain.

OPINIONS EXPRESSED.

It is better not to kno so much, than to kno so much thet ain't so.—*Artemus Ward.*

In the rigid exclusion of micro-organisms from the milk which is given, lies the safety of infants.—*Dr. Fruitwright.*

I believe in homœopathy so thoroughly that I wonder how any one can be an allopath and be happy.—*Hon. Alonzo Bell.*

It is an established fact that alcoholic ances'ors will transmit to their children defective brain and nerve power.—*Dr. W. Cadge.*

A patient has no more right to know what medicine he is taking than he has to know all the drugs in the doctor's case.—*Oliver Wendell Holmes.*

If universal venesection and purgeration could last two or three thousand years, why may not homœopathy last as long as disease?—*Dr. R. N. Foster.*

Homœopaths in England receive their diplomas from the same college as the allopaths. If they are fools what guarantee have the public that the allopaths are wiser?—*London Times.*

Dizzeaze and pills, when they enter a man's boddy, are like two lawyers when they undertake tew settle hiz affairs; they compromise the matter by laying out the patient.—*Josh Billings.*

From the day and place that the first case of diphtheria was noticed in this country, it has been possible in most instances to track it from case to case, from patient to patient.—*Dr. W. F. Knoll.*

No man in any civilized country can be confined in any asylum, abridged of his liberty, deprived of the control of his property, or released from his responsibilities to the civil or criminal law without the judgment or testimony of medical men.—*Prof. Reese.*

A physician who, after many years of study, has gained a competent knowledge of physiology, pathology and therapeutics, is not held criminally responsible if a man dies under his treatment; he has prepared himself as well as he can, and has acted to the best of his judgment.—*Herbert Spencer.*

I believe that it is now generally known that a close and critical study of the homœopathic materia medica shows that a large percentage of the symptoms in the text-books of to-day are derived from isolated experimenters, and are either imaginary, or the result of clinical observations.—*Dr. Eldridge C. Price.*

SELECTIONS.

Points in Diagnosis.

Swelling under the eyes, greyish, white or waxy color of the skin, denotes granular disease of kidneys.

Swelling of the labia, on one or both sides, will accompany inflammation of the kidney.

Carbuncles on the shoulders, or scapular region, are frequent accompaniments of diabetes.

Pain, referred to the meatus urinarius, is sure to be the result of cystitis, prostatitis or nephritis.

Pruritus of the anus will be the evidence, often, of disease of prostate.

Pain or numbness in the outer part of the thigh, denotes some disturbance of the sexual organs, in both male and female. Sciatic neuralgia often depends, in females, on inflammation of the ovary; in men, on irritation of lumbar or sacral nerves.

Pain in the heels, in females, may be the only evidence of ovarian abscess, while pain and swelling in the mammæ will evince some trouble in the same side of uterus or Fallopian tube.

The Treatment of Typhlitis.

In the earliest stage, absolute rest in bed, entirely liquid food, and a sedative mixture are necessities. A mustard-leaf may be applied to the seat of pain, and followed up by a linseed poultice every two hours, or a hot fomentation or spongiopilin if the poultice be too heavy. A few drops of brandy or other spirit sprinkled on the flannel on the side which will touch the skin often takes away pain successfully. It is well in two or three days' time to administer a fair-sized enema of soap and water, and unless the bowels are moved of themselves, this had better be repeated daily. With ordinary care it is quite harmless; it removes whatever may be in the sigmoid flexure, and it stimulates the colon to get rid of its contents, thus probably helping to empty the cœcum and withdrawing the cause of the inflammation. Small doses of lime-water will be useful. For diet, a little broth, or beef-tea, or arrow-root, or Benger's food, given every two hours in two or three-ounce doses will suffice. Milk I regard as not very good food in these cases; unless it be freely diluted with soda-water or lime-water, it is too apt to become a mass of hard curds in the stomach which may prove very irritating to the inflamed bowel. With the cessation of pain, the lessening of the lump in the groin, and the general improvement in the patient, of course an improved diet and some change in the medicine become needful.

Malignant Disease of the Endometrium.

With regard to the treatment of malignant disease of the corporeal endometrium I think there should be little difference of opinion at the present day. Provided that the diagnosis has been made sufficiently early, while the uterus is still movable and the patient is in fair condition, there is only one course to pursue—to extirpate the diseased organ without delay. I believe that the vigorous application of the sharp spoon or curette to the uterine endometrium under these circumstances, as recommended by some eminent gynæcologists, is attended with great danger. In fact I made an autopsy in a fatal case of perforation by the sharp curette and removed a uterus per vaginam, the wall of which would certainly have been scraped through, even with the exercise of the greatest care. What do we accomplish by so-called palliative treatment? If the patient is in the early stage of the disease, we injure her chances of recovery from a subsequent radical operation; if ulceration is already advanced and the uterine wall is generally infiltrated and softened, we expose her to the imminent risk of death from perforative peritonitis. An occasional application of pure carbolic acid or iodine and antiseptic injections (especially of creolin) are all that most surgeons will venture to use after they have decided that extirpation of the uterus is unjustifiable.—*Dr. H. C. Coe.*

Ovaian Cysts.

In the present condition of abdominal surgery an ovarian or parovarian cyst admits of but one form of treatment—ovariotomy. Tapping is recognized as an unscientific procedure, which not only exposes a patient to the danger of peritonitis from the escape of fluid into the peritoneal cavity, or of hemorrhage from the wounding of vessels in the cyst-wall, but also leads to no small risk of suppuration of the sac. A polycyst can never be completely emptied by tapping, and it rapidly refills, each operation proving a serious tax upon the patient's vital powers; in fact, the procedure, at first simple and without unpleasant effects, may, if frequently repeated, be followed by a serious reaction, so that it hardly seems as if the patient would survive it. But the most serious object in the mind of the surgeon is that the effect of repeated tappings is to cause the formation of adhesions, that seriously complicate the radical operation, which sooner or later must be resorted to. There is good evidence that a proliferous cyst, if frequently emptied, tends to assume a malignant character. In this connection it is well to caution the reader against accepting the general belief that a parovarian cyst, if once tapped, will disappear; on the contrary, such cysts often refill and undergo papillomatous degeneration.

Probably a large ovarian cyst ought never to be tapped, unless the surgeon is prepared to open the abdomen, except during labor, when it is necessary to relieve the pressure at once, and when the patient is too weak to survive the radical operation, or where the sufferer herself desires to try the effect of tapping before submitting to ovariotomy.—*H. C. Coe.*

Puerperal Eclampsia.

Referring to a statement that he considered the nature of eclampsia to be a mystery, Prof. Pajot maintains that though we are not in possession of all the facts bearing on the phenomena of eclampsia, yet that a great deal is known in reference thereto. His view ascribes eclampsia not to the effect of albuminuria, but to a reflex action bearing on the cephalo-rachidian region which also gives birth to albuminuria. It is not a question of degree, but of kind, in so far as the lesion is concerned. He bases his belief on the following grounds: 1, the supervention of convulsions bears no relation to the degree of albuminuria; 2, that women markedly albuminuric do not have eclampsia; 3, that women but slightly albuminuric (prior to any convulsions) die in coma; 4, that women, even without albuminuria, may die of eclampsia, though this is rare. He points out that, although eclampsia is generally preceded or accompanied by albuminuria, not more than one in five albuminuric women develop symptoms of eclampsia. Moreover, he asserts that even a single case of eclampsia without albuminuria would show that eclampsia was not solely dependent on the presence of albumen in the urine. He infers, therefore, that all one is justified in asserting is that an albuminuric woman is predisposed to ulterior nervous lesions, to which a neighboring lesion may give rise, but of a different character.

Appendicitis.

Analysis of seventy-two cases seen in the last four years leads to the following conclusions;

I. Many cases of appendicitis are so mild as not to demand medical treatment. Although one-third of all post-mortem examinations may show lesions indicative of an appendicitis at some period of the patient's life, the clinical history will frequently be negative.

II. A personal experience, if sufficiently large, is likely to afford conclusions which may have a greater value than those derived from a much larger number of selected cases. In Dr. Bridges' paper it was stated that four-fifths of the patients were males. In my personal experience there are only twice as many males as females. The diagnostic value of sex is then distinctly less than the collective experience claimed.

III. In general the diagnosis of appendicitis is easy. It is based upon a localized tenderness, and the exclusion of all causes for such tenderness but the appendix. Still it has been my misfortune to make a diagnosis of appendicitis when it did not exist, and to fail to recognize its presence until after death in a patient upon whom laparotomy was performed for the relief of a suppoeed acute mechanical intestinal obstruction. The following are the cases in which appendicitis was supposed to be present A circumscribed peritonitis was recognized in the right lumbar and iliac region, and from its seat, sudden origin and rapid progress, was thought to be due to an appendicitis. The cavity was successfully drained, but the patient died of acute pneumonia in the course of a fortnight. The peritonitis had originated from an abscess in the liver and this was attributed to a catarrhal colitis of long standing. In a second case of erroneous diagnosis there was a spreading peritonitis of the lower abdomen of sudden onset. The abdomen was then opened and drained, but the appendix was found to be free from disease. After death the peritonitis was found to have resulted from a suppurating sub-peritoneal inguinal lymph gland, the result of a gonorrhœa. Information concerning the latter disease was withheld until after the autopsy. A third case gave such a misleading history that a pyosalpinx was mistaken for an appendicitis. The tubes were removed and the patient cured. Lastly, a girl of ten years, suffering from a sudden and spreading hypogastric peritonitis, with a deep-seated tumor below the navel, was seen by Dr. Homans. Although some doubt was entertained as to the appendicular source of the disturbance a laparotomy was considered urgent. Dr. Homans successfully removed an ovarian cystoma, the pedicle of which had become recently twisted, and its vessels strangulated.

IV. Recurrence proved to be much more frequent than was found in the collective experience—44 per cent in many cases against 11 per cent in the larger series. It is interesting to note that the frequency of the recurrence was about the same in those cases which were subsequently treated medically as in those which were operated upon. So far as this evidence goes, a recurrent attack makes no more urgent a demand for surgical treatment than does an original attack.

V. With regard to the duration of the disease, it may be said that although more cases recovered during the first three weeks under purely medical than under surgical treatment, this fact must be attributed to their mildness. Of the severe cases quite as many demanded from four to eight weeks for complete recovery,

whether the treatment was medical or surgical. It cannot be claimed, therefore, for the surgical treatment of appendicitis that it has shortened the period of recovery. At least such a claim would not be justified by the results found in the cases which have come under my observation.

VI. The rate of mortality in appendicitis is by no means clearly established. The physician who sees chiefly the mild cases says that it is very low, while the surgeon who is called upon for aid in the gravest cases considers the mortality to be very high. So far as I am aware, the cases observed by me form the largest number reported in the experience of a single individual, and they may be considered as establishing, for the present, the rate of mortality. Of these cases 74 per cent recovered and 26 per cent died. About one-half of them were treated medically, the other half receiving surgical treatment. Among those treated surgically 40 per cent died, while of those under medical treatment 11 per cent died.

The spontaneous evacuation of pus, an event to be anticipated and guarded against, took place in 7 per cent. Of the cases treated medically 11 per cent died, and in 14 per cent there was spontaneous evacuation of pus; thus in one-fourth of these cases the treatment should have been surgical. Since these medical cases were about half of the whole number seen, it follows that the treatment should have been surgical in about five-eighths of the cases. The percentage of the cases ending in resolution was 36, which is practically the same as previously found.

It is evidently desirable to make the rules for the surgical treatment of appendicitis as simple as possible. I would advise surgical treatment for urgent symptoms, rising pulse and temperature, increasing distension and spreading pain with or without a tumor, and for a tumor with or without urgent symptoms. Recurrent attacks should be treated as first attacks. If recurrence is so frequent as to debar the patient from the enjoyment of life or the ability to earn, removal of the appendix between the attacks should be advocated.—*Dr. R. H. Fitz in Boston Medical and Surgical Journal.*

Aseptic Surgery.

The practice of operative surgery according to the aseptic method, as employed by Von Bergmann, is thus described in the *International Journal of Surgery:*

The walls of the operating room are perfectly smooth and easy to clean, so that there may be as little dust as possible. The floor of the operating theater, which is tiled, is kept continually wet so that the noxious substances which drop from the suppurating wounds may not rise into the air; for it has been proved that micro-organisms are not disseminated from a moist surface.

Every precaution is taken to prevent the contamination of wounds by contact.

To this end: 1. The patient's skin is thoroughly disinfected before the operation, not only over the field of operation, but also for some distance around this spot. This is done in the following manner: The skin is soaped and shaved, then thoroughly washed with soft glycerine soap (potash soap) and sterilized water; then rubbed perfectly dry with a sterilized towel. Prof. Von Bergmann lays particular stress upon this rubbing being done vigorously and carefully, as mechanical friction is the most efficient means of removing the superficial layers of epidermis. For it is to these layers always that we find those impurities adhering which contain the infecting micro-organisms. After this the skin is washed with a solution of 40-50 per cent alcohol, and finally with a 1-2000 sublimate solution.

2. In exactly the same manner the hands of the operator and assistants are washed and rendered aseptic. The brushes which are used for this purpose are kept in a 1-2000 sublimate solution, a precaution by no means superfluous, as bacteriological investigations have demonstrated the fact that great numbers of micro-organisms adhere to such brushes as are left exposed.

3. For each operation the patient is placed on a dry linen sheet which has previously been sterilized, and is covered with similar sheets, so as to leave merely the region to be operated upon uncovered and freely accessible.

4. The instruments before use are boiled for five minutes in a one per cent solution of carbonate of soda, in a specially adapted kettle which stands in the operating theater. In this solution they remain until required for the operation; then they are taken out, dried with a piece of sterilized gauze and handed to the operator when he wants them. Whenever in the course of the operation they come in contact with anything not aseptic, all that is required to resterilize them is to dip them for a few seconds into the boiling solution of sodium carbonate. Thus one succeeds not only in rendering the instruments perfectly aseptic, but also in keeping them keen and preventing them from rusting. The visitors to the clinic had occasion to convince themselves of the advantages of this method.

5. During the operation hemorrhage is most carefully controlled. Sponges are not used for this, but pieces of gauze which have been ren-

dered aseptic shortly before. The gauze is not impregnated with an antiseptic agent nor is it dipped into any antiseptic solution; but perfectly dry, it is pressed on the bleeding surface and then discarded. All vessels are secured with torsion forceps or Pean's forceps and tied with catgut ligatures. The wound must be perfectly dry and the hæmorrhage completely arrested before the sutures are applied.

6. The catgut for ligatures is prepared out of the commercial article by winding it in single layers round a narrow glass slide, and placing it in a 5 per cent alcoholic sublimate solution.

The silk for sutures is sterilized, not in antiseptic fluids, but by means of steam, in a way to be described later on.

7. The most essential condition for operating antiseptically is the sterilizing of whatever the operator, assistant or patient comes in contact with. For this purpose, all the towels, sheets and surgeon's gowns which are used for the operation are, shortly before, placed in the sterilizing apparatus where they are rendered aseptic by means of a current of steam, according to the principles laid down by Robert Koch.

8. In exactly the same manner and in the same apparatus all dressing materials are rendered aseptic. The gauze is cut into pieces of the size and shape required for the dressings and operations in the clinic. These pieces, as well as all cotton wool and bandages, are stuffed into bags which are closed, and put into the apparatus. There they remain until needed. Then they are taken out, opened and their contents placed between aseptic sheets and thus brought to the operating table. The nurse who attends to this has also previously disinfected her hands in the manner previously described.

Prof. Von Bergmann showed the visitors to his clinic a case of carcinoma mammæ which involved the axillary glands, upon which he demonstrated his method of operating, controlling hæmorrhage, and dressing. A number of similar cases were shown which had been operated upon by him eight days ago, the original dressings not having been removed.

When suppurative processes, or bone or joint diseases of tubercular origin are subject to operation, the manner of procedure is much the same. The part of the body to be operated on is rendered aseptic in the way before mentioned. The wound, however, is not immediately closed, but is stuffed with iodoform gauze. This gauze is kept in the wound for a day or two and then removed; after a lapse of forty-eight hours the wound is closed by sutures. The wounds though stuffed with iodoform gauze for two days, heal without suppuration, and by first intention.

The Iodoform Treatment of Tuberculous Joints and Cold Abscesses.

The anti-tuberculous effects of iodoform have been proved by a large number of observations. The reason why iodoform fails to exhibit this power when applied to open ulcerated surfaces is attributable to the fact that prolonged contact of the drug is necessary. The conditions are very favorable in the case of encapsulated cold abscesses, where the iodoform is deposited in a uniform layer over the tuberculous membrane and remains in intimate contact for weeks or months. To obtain success from this treatment, prolonged contact is absolutely required, and positive results should not be expected until the lapse of six or eight weeks, while the cure is not complete until two to four months. During the last five months, Bruns has treated over one hundred cold abscesses with iodoform, of which eighty were cured. Similar results have been reported by Billroth and others. It has been stated that this effect is not due to the iodoform, but to the ether in the injection. To disprove this statement he has employed, for several years, a mixture of iodoform and olive oil with equal success. That the result is not due simply to the puncture, as has been held by some, is sufficiently shown by ten consecutive cases of cold abscesses from spinal caries occurring in Bruns' practice, which were cured by iodoform injections. It has also been objected that the cure is not permanent; but a recent investigation of the cases treated within the last two to four years shows that recovery is still permanent and that new abscesses have not formed. It is therefore reasonable to suppose that the tuberculous focus in cases of special caries must have been healed, as otherwise the suppuration would not have been arrested.

During the last four years, the author has resorted to iodoform injections in fifty cases of tuberculous disease of joints, and in some with astonishing results, recovery being still permanent at the end of three or four years. These observations agree with those of Trendelenburg and Krause. The best results are obtained from 10 to 20 per cent mixture of iodoform with olive oil or glycerine, which should be freshly prepared and sterilized before use. This mixture is much preferable to a solution of iodoform in ether, because the ether is very painful, sometimes produces gangrene of the skin, and favors absorption of the drug. In the parenchymatous form of joint-tuberculosis a strong hollow needle is introduced into the joint and from four to six c. cm. are injected under strong pressure at one or more points. If there is an effusion into the joint or peri-articular abscesses are present, the contents are evacuated,

and then sufficient of the mixture injected until the joint cavity is again distended, 10 to 20 c. cm. being usually required. Krause recommends previous irrigation of the joint with boric acid solution, but this is regarded as unnecessary by Bruns. The reaction following this procedure is slight; there are no pains or inflammatory disturbances, but sometimes a rise of temperature of two degrees which subsides in a few days. Fixation of the joint is only necessary, when pain is present at the commencement, and careful use of the limb may be permitted. In the parenchymatous form a repetition of the injection every six to eight days is required, while in the case of peri-articular abscesses it need not be made oftener than every four to six weeks. The first signs of improvement are not observed until six or eight weeks, but a subsidence or disappearance of the pain takes place at an earlier period. It is an astonishing fact that patients suffering from severe tuberculous arthritis are able to use the affected limb several weeks after the commencement of the treatment.

The fluid in the joint re-accumulates after the first punctures, but gradually decreases and disappears; and in case of fungoid disease of the capsule the swelling gradually subsides and the soft fluctuating tissues assume a firm character. After several years the induration may disappear entirely, so that no changes are any more perceptible, and motion may be entirely restored.

In four cases of children with severe fungoid disease of the ankle and knee joint, Bruns obtained complete recovery in a few years. The good functional results are partly attributable to the fact that fixation of the joint is not required during the treatment. More than half of the cases were cured without the necessity of resorting to other operative procedures. In cases of cold abscess, however, the results are still better, since it is often difficult to reach the cavity of the joint with the needle and peri-articular abscesses are easily overlooked. Bruns therefore urges the employment of iodoform injection in cases of commencing joint disease, with the view of arresting the process before it has led to grave disturbances. This simple, effective and harmless treatment will, he thinks, greatly diminish the number of amputations and resections for tubercular arthritis.—*Int. Journal of Surgery.*

California has become the dumping-ground for third-rate practitioners who fail to obtain recognition elsewhere. The State is full of doctors. Los Angeles has one physician to three hundred persons, and San Jose one to two hundred and twenty-one. One-seventh of all come from countries that prohibit American practitioners from practicing medicine.—*Pac. Med. Journal.*

The Sanitary Management of Diphtheria.

1. If one is subject to catarrh, or inflammatory affections of the throat, especial care should be paid to the condition of the general health and to the general hygienic surroundings. There is reason to believe that diphtheria originates spontaneously with such persons when the system is debilitated from any cause.

2. During the existence of diphtheria, avoid crowded gatherings in badly ventilated rooms, as in theatres, public halls, and even churches. This is especially important during cold weather.

3. Secure thorough ventilation and perfect cleanliness of nurseries, kindergartens, schoolrooms, and other places where children are cared for. Parents should make it their personal business to secure these in the home and nursery, and to see that those in charge of schools, etc., are also mindful of these important matters. Children are more subject to diphtheria than adults, and the disease is more fatal with them; hence the necessity of these precautions on their behalf.

4. During the existence of a case of diphtheria in the neighborhood, do not neglect any soreness of the throat, however slight, unless assured of its harmless nature by the family physician.

5. Unless absolutely necessary do not come in contact with, or inhale the breath of, one sick with sore throat. Avoid kissing, or eating, or drinking in company with such sick persons.

6. Diphtheria has so often appeared where uncleanly conditions have prevailed, when it could not be traced to continuous propagation by contagion, that its relation to filth as a cause may be assumed for sanitary purposes. It is immaterial whether the filth exists in visible and disgusting forms, such as the garbage heap, the cess pool or the privy vault, or in the invisible and possibly inodorous gases from an illy-constructed sewer, from decaying vegetables in the cellar, or in the poisonous exhalations from the human breath and body in unventilated rooms. All these undoubted causes of ill-health should be at once abated.

7. Because of the fact stated in No. 3, an adult may venture when necessary, to come in contact with a case of diphtheria; but no child should ever be so exposed, either directly or indirectly. Adults who are compelled to visit such cases should take the precaution to bathe and change clothing before going near a child. Children should be prevented from entering the water-closet or privy into which diphtheria discharges are thrown, even after disinfection. In short, they should be removed at once and definitely from any possibility of contagion during the existence of a case.

8. Cats, dogs, cows, swine, and some other of the lower animals are known to be subject to diphtheria, and fatal cases among human beings have been contracted from them. Avoid, therefore, having anything to do with a cat, dog, cow, hog, or any other animal suffering from any throat disease until it is known not to be diphtheria.

9. Outbreaks of the disease have been traced to the carriage of the contagion by the wind. Therefore, it is advisable to close the windows and doors, and avoid as much as possible the side of a house toward a known infected house or locality, especially during the prevalence of high winds from that direction.

The Bathing of Infants.

The first bath of the infant is often the cause of future trouble. The water for this bath should be at a temperature of 95° or 100° F., and should always be measured by a thermometer. Of course the ordinary clinical thermometer will do for this purpose. The use of soap in the first bath should be prohibited. In my experience, the white of a perfectly fresh egg cleans the infant body with less friction than the use of soap or grease. In regard to baths generally, sponges should be avoided, a flannel rag being the best for the rubbing process with soap. If sponges are used at all, it should only be for showering fresh water over the body; and, in regard to sponges, mothers and nurses should be warned against buying those nicely-bleached sponges which are sold in the streets. The selection of soap for infant-bathing is a very important matter, as many of the skin-diseases are undoubtedly caused by diseased animal fats. I have seen in these soaps made of animal fats, nicely perfumed and lavishly advertised, small microsopic splinters of bone. If the fat in the soap were diseased, these spiculæ would scratch the skin enough to produce inoculation. Soaps made from vegetable fats and not perfumed are the only ones that ought to be used for washing the infant. The white castile soap, if genuine, fulfils these indications. There is also a white soap made from cotton-seed oil, which is an American product, and which also seems to fulfil all the indications for a baby soap. When there is any doubt about the soap being composed of animal or vegetable fat, the doubt can be easily settled by making a solution of the soap in alcohol. The vegetable fats will be held in solution, while the animal fats will separate. I have no doubt that a great many children are kept in a weakly condition from excessive bathing. A bath always lowers the temperature and likewise has a tendency to drive the blood from the surface, and becomes, at times, a very useful therapeutic measure. Of the two conditions, I think there is less danger in too little bathing than in too much. Very weak children should be kept presentably clean without subjecting them to the entire bath, which ought never to be given until they are two weeks old,—that is babies less than two weeks old ought to be washed while lying on a flannel apron on the nurse's lap. Children that are old enough to be taken out for an airing should have their faces and hands washed with colder water than used for the body bath.—*Dr. Brush, in Arch. Pediatrics.*

Retained Placenta.

The patient had been a very seriously sick woman. She never knew what it was to be sick in her life until some months ago, when she became pregnant and a miscarriage followed at the third month. The fœtus was expelled together with the whole placenta, as the attending physician thought. From that time on the patient began to have hæmorrhages, gradually increasing in severity, until the symptoms really became alarming. Then it was that I was called in by the attending physician, and found the patient flooding very profusely.

From the history of the case I knew about what I had to deal with, viz.; a portion of retained placenta. I found the uterus dilated and a portion of placenta, about the size of a walnut, adherent to the fundus. In my opinion, the only thing to do in a case of that kind, is to boldly explore the uterine cavity and remove whatever offending mass may be present. The best means of removing a retained placenta is not to use the curette at once, but to take a strong pair of forceps; and the kind I generally prefer is a modification of the well-known Allingham's hemorrhoid forceps. This being three-cornered and the corners rounded, prevents it from catching in any portion of the uterine mucous membrane, but it will firmly hold any foreign body that may be projecting from the walls of the uterus. After having removed all of the larger pieces of placenta by means of the forceps, then the whole uterine cavity should be thoroughly curetted with a Sim's or Sharp curette. Sometimes, the amount of hæmorrhage produced by this operation will seem almost alarming, but you will be very much surprised, and greatly gratified to find that, as you remove all of the offending mass, the hæmorrhage gradually becomes less and less, and finally ceases altogether, under the powerful contractions of the uterus itself. This operation of curetting should be followed by regular and thorough washing out of the uterine cavity with slightly carbolized hot water at a temperature of about 115°, and this can be supplemented by the injection into the uterus of twenty or thirty drops

of tincture of iodine. This causes a still further contraction of the organ, and acts as a good local disinfectant. The patient should then be put to bed and kept perfectly quiet for three or four days. And you will find that, with these precautions, the operation which I have just described is attended with little or no risk. Sometimes, in such cases as this, where after the use of the curette, the temperature rises, you will find it advisable to again wash out the uterine cavity with carbolized warm water; and this may have to be repeated several times in twenty-four hours, if the temperature continues high. Of course this occurs only in exceptional cases, for as a rule, we do not observe any such disagreeable symptoms after the judicious use of the curette.—*Dr. H. Marion Sims.*

Age to Operate for Hare Lip.

Before establishing any rule, one should be familiar with certain anatomical and individual facts in each case. If the child be vigorous and well developed, the operation should be done as early as possible; but if it be feeble and poorly developed, it should be delayed, even though it could be done simply and rapidly. If there be double and complicated harelip, necessitating a complex cheiloplastic procedure, or interference with a projecting portion of the intermaxillary bone, one should wait until the end of the first or even of the second year, as Le Denter has advised. If there be extreme congenital weakness, the operation should be delayed until the end of the third, fourth, or fifth year. The objection to such delay is that, the teeth being developed, there will necessarily be great deformity from their irregularities; the nose also will present marked deformity. Other contra indications to operations will obtain if coryza be present, or aphthous stomatitis or enteritis, and equally so if there be measles or scarlet fever. One should not operate during the heat of summer, nor when there is infantile diarrhœa, nor when the child is about to be weaned. In a word, the guides to a decision as to the proper time to operate should be good sense and experience.

Asepsis in Operative Surgery.

We employ for the sterilization of our instruments, boiling water; it is at the command of every practitioner and can be had in the private house of our patients at short notice. The only thing sometimes used in the operations which cannot be boiled in hot water is catgut, and it can be replaced by silk which will stand disinfection by moist heat. Sponges, also, being more or less injured by boiling, can be replaced by small bunches or tampons of gauze or absorbent cotton.

In order not to injure the temper of steel instruments, they should be put into warm water which is then to be boiled; boiling for ten minutes will not injure them. It is said that knives and needles will not lose their edge, if when taken out of the boiling water they are plunged into alcohol. The only kind of drainage tubes which will bear boiling are made of glass, but since these are not always at hand of proper size and shape, I have had to resort to rubber drains which have been kept in a 10 per cent. solution of carbolic acid; just before use they should be immersed in sterilized water for a few minutes, in order to get rid of the noxious acid.

As a wash for wounds, a physiological solution of common salt is an excellent thing, because it is even less irritating, i. e., more indifferent in its action on the tissues than pure water.

I am having triturate tablets of chemically pure chloride of sodium made, which by virtue of their accuracy and quick solubility will enable us to make this solution at a moment's notice. The tablets are so arranged that one tablet dissolved in a quart of water will make a six-tenths per cent, (0.6) solution of common salt. This liquid, according to the best authorities, corresponds in density to the juices which always permeate the tissues of the healthy body, is usually called the physiological salt solution, and is frequently used instead of blood as a liquid for transfusion in cases of acute anæmia, due to loss of blood during surgical operations, in cases of placenta prævia, etc.

I will close by saying that when we are treating septic or infected wounds, the chemical antiseptic solutions must be resorted to, and the choice of the agent, in a given case, will depend upon our surgical tact and a good practical education.—*Dr. A. C. Bernays.*

Cocaine in Genito-Urinary Surgery.

The author claims that when internal urethl rotomy is done under cocaine shreds of urethra mucous membrane are often brought away between the blades of the urethrotome. Endoscopic examinations have taught him that, after anæsthetization with cocaine, the urethral mucous membrane is bluish and congested, and in this way the lumen of the canal is lessened. This effect is more marked in pathological (strictured) urethræ.

Urethral hemorrhage is more common after urethrotomy performed under cocaine than that under ether or chloroform.

In circumcision the cocaine injection often obscures the edges of the cut and leaves a ragged and irregular line of union. The extravasation of blood following the use of cocaine is objectionable, and may give rise to sloughing.—*Dr. J. B. Bissell.*

To Arrest the Spasms of Whooping-Cough.

In two different children NAEGELI has succeeded more than five hundred times in apparently arresting the spasms of whooping-cough by pulling the lower jaw downward and forward. He states that the result of the procedure is not due to psychic influences, for this method succeeds even during sleep. The parents of the children may themselves employ this procedure, as it is perfectly simple and completely harmless, only it should not be done when the mouth contains food. It is stated that the regular suppression of the spasms of whooping-cough exerts a favorable influence on the progress of this disease, and by preventing the attacks it considerably reduces the mortality of this affection.

Hot Water in the Treatment of Acne.

Hot water applied twice or three times a day for about five minutes is one of the most reliable local remedies for the treatment of acne of the face. To derive the full benefit from the effects of this simple remedy it is necessary that the physician, and through him the patient, should be thoroughly familiar with the proper method of using it. The water should be very hot, so hot, in fact, that it can hardly be borne by the patient. Care should, of course, be taken not to scald the face, but if the water is warm only, instead of really hot, more harm than good will be produced. The face should not be washed, rubbed or bathed with the hot water, as is so frequently done, but a small portion of the diseased area of the face should be soaked with it for a very short time only. The heat of the water, which is brought in contact with the skin, is deeply dissipated for a moment and causes an intense but transitory local hyperemia. This is exactly what we want to produce. If the hot water is allowed to act on the skin for too long a time, say more than a minute, or if the application is renewed at too short intervals, an acute inflammatory condition is added to the disease already existing. It is sufficient to go over the affected parts twice in one sitting and the entire operation need not take more than three to five minutes. A handkerchief or a piece of soft linen is commonly used to convey the hot water to the face.—*Dr. Leviseur.*

Treatment of Carbuncle.

Several years ago I was called to see a patient living fifty miles away in the country—a very frequent occurrence in Southwestern Texas, where pastures contain from ten to five hundred thousand acres in one inclosure. I met on the road a man suffering fearfully with carbuncles. He had three, one on his face, one on his wrist, and one on the back of his neck. I don't think I ever saw any person suffer as he did. The only medicine I had with me which I thought could give relief was a saturated solution of chloral hydrate in water and glycerine. Of this I poured one teaspoonful over bread poultices, and applied them to the carbuncles, expecting as soon as the man was relieved of pain to make the ordinary incisions. To my surprise he was soon relieved of pain, and the next morning the carbuncles looked so much better that I concluded to continue the treatment, without making incisions. I did not see this man again for about two months, when he came into my office for a prescription of the medicine I used, saying that he had had no more trouble after I left; that his carbuncles had diminished in size without sloughing, and that they soon got well. The carbuncle on his back was fully three inches in diameter. He has had several carbuncles since, using the same treatment successfully.—*Dr. A. E. Spohn.*

DR. EDWARD PALMER, long connected with the Smithsonian Institute, is authority for the statement that there lives in Southern California a squaw who is one hundred and twenty-six years old, and that he has seen her carry, tied up in a blanket, six watermelons for a distance of two miles.

IT is related of Buddha that a young mother had lost an only child. Going to Buddha, she said, "Lord and Master, do you know what medicine will cure my boy?" Buddha replied, "I know some." She asked, "What medicine do you require?" He said, "I want a handful of mustard-seed." The woman promised to procure it for him, but Buddha continued, "I require some mustard-seed taken from a house where no son, husband, parent, or slave has died." With maternal solicitude she hastened from house to house, and found mustard-seed everywhere, but no house where there had been no death.

Clad in a shirt aseptic
Of asbestos silicate,
And other germ-proof tunic
In triple nickel-plate,
He treads the polished surface
Of the broad and cleanly street,
Which sterilized char-women
With naphthaline keep sweet.

High overhead an awning
Of antiseptic gauze
Strains the outer air of microbes
Who'd violate the laws;
And at nearly every corner,
With microscope at eye,
Biological policemen
For arrant germs do spy.
—*Ex.*

WORTH KNOWING.

All bacteria have need of moisture in order to develop, but they cannot, *per contra*, quit the medium in which they are growing, and are not susceptible of diffusion through the air, except under the form of dust, the product of dessication.

Many cases of appendicitis are so mild as not to demand medical treatment. Although one-third of all post-mortem examinations may show lesions indicative of an appendicitis at some period of the patient's life, the clinical history will frequently be negative.

In making insufflations of an infant's lungs, one is too apt to forget how small they are and to over-distend them and the thorax, and so cause undue pressure upon the heart. The Sylvester method is often done too violently. The number of movements made to the minute are far too great, and the children are by this exaggeration often killed.—*Dr. H. J. Garrigues.*

A healthy child of seven months was seized with pain and vomiting. She soon passed into a state of collapse, the vomiting continuing, and blood and mucus was discharged from the rectum. A sausage-shaped tumor could be felt in the right hypochondriac region. The intestine was inflated with air by means of a small bellows, when the tumor suddenly disappeared, and the symptoms subsided.

Novaro was the first to succeed in transplanting the ureters from the bladder to the rectum in dogs. The operation succeeded perfectly, and the sphincter ani sufficed to retain the urine for some time. A dog operated upon by him in January, 1887, is still alive and in excellent condition. Novaro thinks the operation of great value, and intends applying it in a case of total extirpation of the bladder.

What becomes of the bacilli which are not directly affected by the lymph treatment is a question of considerable importance. The statement of Virchow, that when they are routed they are scattered in adjoining sound tissue, is doubtless backed by a careful and intelligent study of *post-mortem* appearances. Until, however, more definite facts than those already offered are given, it will be well to suspend judgment.—*Medical Record.*

The spleen is a temporary depot, or place of deposit, in which certain excrementitious and waste products of the system are stored until they can be removed from the system by the proper organs; or in the case of materials not excrementitious in character, reappropriated in another form. Incidentally to the above, it is a place in which red blood corpuscles undergo disintegration, and white blood corpuscles are formed.

Parotitis complicating typhoid fever is ever of evil augury. Hutchinson has seen two cases of which one has proved fatal. Murchison has observed it in six cases of which five proved fatal. Hoffman found this complication in 16 out of 1600 typhoid fever cases; seven died. In four cases the affection was bilateral. Trousseau looks upon the complication as a very grave omen in prognosis and has rarely seen recovery where it occurred.

Infants fed upon condensed milk, though often fat, are pale, lethargic and flabby; although often large, are far from strong; have little power to resist disease; frequently cut their teeth late, and are very likely to drift into rickets. It must be remembered, also, that condensed milk, when long kept, or when packed in imperfect cans, not infrequently undergoes decomposition, and thus becomes utterly unfit for use.

If the first teeth are taken care of they will last usually until the child has gained strength and material for a well-developed second set with the enamel perfect. Then we would hear less about bad teeth and toothache. If the enamel of teeth is imperfect, the bone is exposed and very soon decays. A child's teeth should be brushed regularly from the time he is twenty months old. This is none too young, and the second set will be all the stronger. Even a very small child will enjoy brushing his own teeth if given a brush, and if the habit is enjoined on him daily, he will clean his tiny teeth as regularly as you do your own.

Death under A. C. E. mixture. A light drink of brandy and water was taken before the anæsthetic was begun. The patient took the vapor kindly for several minutes, then gasped irregularly and died. The pulse remained regular to the last. The attempt at artificial respiration proved a failure. The coroner's verdict was "death from misadventure in anæsthetic." The report is reproduced to show that all anæsthetics are more or less dangerous; and that the victims die in about the same way—from respiratory suspension, and not from cardiac disturbance. The breathing is to be watched, and not the circulation.

Abdominal massage can produce aperient effects in no way inferior to those of purgatives. Habitual constipation can be easily cured by massage without medicines. The younger the

child is the more quickly is the cure obtained. The younger the child is the more gentle should be the manipulations and the shorter the seances. According to the patient's age, the duration of the sittings should vary from three to ten minutes. It is not advisable to go beyond the latter limit, since longer seances are useless, and even may sometimes aggravate the patient's condition. Abdominal massage may be regarded as the best therapeutic means for constipation in children.

In regard to dentition I think it is an exceedingly dangerous thing for the physician to teach the mother that any severe attack of illness is due to teething, for she is very apt to delay the physician's attendance on her child that is ill during the dentition period. I have not been able, myself, to see wherein dentition has been the cause *per se* of any severe attack of illness. The most severe condition due to teething alone, that I have ever seen, is a slight ephemeral fever, a cough, or an eruption, not in any way making the child ill enough to require medical attention. Of course, the irritation that is sometimes caused in the gums will make more severe a disease due to some other cause, and the child, during dentition, that is at all affected by this normal process, is more apt to be attacked by the prevailing diseases.--*Dr. E. F. Brush.*

To avoid the danger of communicable diseases, another army surgeon, Dr. Marechal, has an ingenious device, well adapted to the use of practitioners having numerous vaccinations to perform. Considering the difficulty of rapidly insuring the cleanliness of a lancet, he has hit upon the idea of having a new instrument for each patient, and for the purpose has found steel pens cheapest and most convenient He recommends the unfinished steel pen—that is, the form before the slit has been cut in, which, in this country, can be purchased from manufacturers at about seven cents a hundred. All that is necessary is to sharpen one side on a grindstone. The work can be done in a very short time, and thus each patient may be vaccinated with an instrument which, having been used on no one else, will be sure to impart no contagion. Of course, bovine virus alone will do, else all precautions would be vain.

The new process of engraving on glass and crystal by electricity is found capable of producing results of marvelous delicacy. The plate to be engraved is covered with a concentrated solution of nitrate of potash and put in connection with one of the poles of the battery, the design being traced out with a fine platinum point connected to the other pole.

GYNECOLOGICAL NOTES.

Almost every supposed uterine case, characterized by excess of sensibility and by loss of will-power, is essentially a neurosis.—*Dr. Wm. Goodell.*

The date of delivery marks a change in the receptivity of woman for the contagious diseases. The pregnant female is *less*, and the puerperal female is *more*, liable to contract these affections than other individuals are, when exposed to contagion.—*Dr. Crippen.*

It is an imperative duty to do everything to re-establish perfect functional activities in cases of suspended animation in the new-born. At such times brain hæmorrhages are only too likely to occur. These are more to be deplored than the death of the child at the time, for they are undoubtedly followed by a series of untoward results like meningitis, encephalitis, epilepsy, and idiocy. Many cases of epilepsy undoubtedly have for their origin a more or less protracted condition of asphyxia at birth. Many cases of idiocy occur in the first child after a long labor. Therefore not only was an asphyxia cut short, a life saved, but the cerebral function restored. Every physician should be acquainted with the surest and best means of doing this.—*Dr. A. Jacobi.*

The womb may be tamponed up to the fourth month, because this organ by that time is not large enough to contain sufficient blood to destroy the mother by concealed hæmorrhage. But if four full months or more have elapsed since the begining of pregnancy, the womb has become capacious enough to hold so much blood that the woman may bleed to death in it, although no blood may escape from the body. I, indeed, have never tamponed after three months, but I think that desperate cases of flooding after that period of gestation might occur, in which the physician would be justified in packing the womb itself, when everything else failed. It is related by Joulin, I believe, that, in the days of knee-breeches, shoe-buckles and gold-headed canes, a physician finding a post-partum hemorrhage uncontrollable pulled off his powdered wig, crammed it into his patient's uterus, and saved her life thereby.

The care of the nipples during the latter part of pregnancy and while lactation is going on, is a subject to which most text-books on midwifery devote a good deal of attention, advising the application of alcoholic preparations, alum, tannin and other hardening and astringent substances with the idea of toughening the nipples so that they will be least likely to crack. Professor Parvin, of Philadelphia, however,

does not believe in this hardening treatment; he contends that to harden the skin is to make it all the more likely to crack and that treatment should be directed to keeping the nipple soft. He says that nature provides for this softening by supplying the nipple with a vast number of sebaceous glands, whose oily secretion softens the skin and at the same time aids it in shedding water. Alcoholic preparations, by dissolving this oily secretion, defeat the purpose of the glands. Hence Dr. Parvin advises instead of the routine treatment the substitution of careful washing with plain soap and water to prevent the milk from drying on the nipples; as this removes some of the fatty matter its place may be supplied by applying cocoa butter.

A young primipara was in advanced labor. The head was low in the pelvis and cervix very nearly dilated, the pains seemed good but there had been for two hours no progress. The head was extracted by the forceps, but the advance of the shoulders was arrested on the cord which was short and tightly wound around the neck. It was divided and the child rapidly extracted. The pallid stage of asphyxia was present, all respiratory action was suspended and heart pulsation had ceased. The child was wrapped in warm cloths. An 8 English gum-catheter was passed into the trachea and the mucous removed by suction, which required repetitions. Then direct insufflation was practiced. In ten minutes slight heart movements were detectable which ceased on suspension of insufflation. Soon after the child gasped when the catheter was introduced in the trachea. An hour of this treatment resulted in slight flushing of the surface. The child was then immersed in warm water and when lifted therefrom, an alcoholic stream was directed upon the epigastrium from a height. No respiratory movement resulted. Schultze's swinging movements were used, followed by Sylvester's method. During this last it was necessary to draw the tongue forward and to depress the head in order to secure the lung. Three hours were required to restore respiratory movements.—*Dr. H. T. Lusk.*

The Japanese seem to use their reasoning powers in the selection of a partner in a way that we outer barbarians might envy. The physical antecedents of a girl are thoroughly scrutinized, and candidates with any diathetic or hereditary taint are infallibly black-balled.

Dr. Sullivan Whitney, who died at Newtonville, Mass., Feb. 3, is said to have been the first American physician who manufactured homœopathic medicines.

ITEMS OF INTEREST.

A new national association has been organized in New York under the name of the "Anti-Kid-Napping League." The purpose of the league is to hunt down every case of imprisonment of sane persons in insane asylums which it can hear of, and give such assistance as the case demands.

According to the investigations of Buchheim, cod-liver oil possesses no other effect than that of fat. Its advantage over other fats is due to the existence of free fatty acids, which are transformed into soaps immediately upon meeting with an alkali, without the influence of the pancreatic secretion.

The most expensive thermometer in this country is in use at Johns-Hopkins University. It is known as Prof. Rowland's thermometer, and is valued at $10,000. It is an absolutely perfect instrument, and the graduations on the glass are so fine that it is necessary to use a microscope to read them.

One of the best known doctors in Paris has for some time been studying the process of metallizing dead bodies entire. He has at last succeeded so that a body may be hermetically inclosed in a gold, silver, nickel, bronze, copper, or other metal envelope, according to the taste or means of the mourning relatives.

Advantage is to be taken of the height of the Eiffel Tower to fix in it a monometric tube in which mercury can be poured to form a column that will give a pressure of four hundred atmospheres. M. Cailetet hopes to be able to make use of this enormous pressure in continuing his experiments on the liquefaction of gases.

A German chemist has discovered some most curious organic liquids drops of which when examined in the microscope, by polarized light, show definite axes of elasticity, just like crystals. That a liquid should possess an internal structure of this kind is one of the most remarkable of recent discoveries in the domain of molecular physics.

Hippocrates employed a variety of medicines which, even at present times, are continually employed and held in high favor. Besides iron rust and hellebore, he was possessed of the knowladge of elaterium, colocynth, scammony, cantharides, asafœtida, papaver somniferum, mandragora, and antimony. As prophylactics he made use of wine, vinegar and kindred articles, employed them for lotions and enemata, and for the same purpose they are still in use,

notwithstanding the fact that he is almost forgotten.

Ten years ago the now famous Dr. Koch was an obscure country physician. In 1880 he was called to Berlin as a member of the Metropolitan Sanitary Commission, and professor in the Royal School of Medicine, and all his wonderful discoveries have followed since. He has been a fresh and ruddy student, hardly looking his forty-seven years. But he is now described as haggard, thin, and feeble, his unresting labors having either broken him down, or, as is feared, his constant experiments having infected him with the tuberculous bacillus.—*Harper's Bazar.*

An engineer on the Little Miami Railroad was suspended because, after having been examined by Dr. Clark, he was found to be quite deaf. The engineer claimed at the time that he could hear anything while running his engine; but the doctor found that in a still room he could not hear ordinary conversation a foot away. The doctor thought he would test the case, and made a number of experiments with him on engines. The result was that the doctor found that the deaf man could hear low remarks and whispers on a moving engine that even Dr. Clark's keen ear failed to catch.

Several natural orders of the vegetable kingdom include plants that are characterized by the secretion of a fluid closely resembling milk in appearance and consistency, and a familiar example of these is to be seen in our common milkweed (*Asclepias cornuti*), which is well known to everybody. In some plants, this milky fluid is of the most venomous nature; in others, it possesses active medicinal virtues; in others, it yields a product (such as India rubber and gutta percha) of the highest importance to the arts and industries; and, in others still, it proves of value as a human aliment.

DR. REGNARD has raised the question in one of the medical journals as to whether a corpse which sinks to a very great depth is preserved indefinitely or otherwise from putrefaction. According to his researches, which have been published at some length in the archives of the Biological Society of Paris, putrefaction is not found to take place in decomposable substances submitted to a pressure of 600 or 700 atmospheres; these figures corresponding to a depth of 6,000 or 7,000 meters at sea. From these experiments it must be concluded, according to Dr. Regnard, that there is a total absence of putrefaction in the greater depths of the sea.

The age of puberty among Indians it is not easy to learn, since it is the custom in most tribes for the girls to marry before the menses appear. A curious result of this custom came under my observation while in medical charge of a tribe in the Northwest. Since the girl menstruates after marriage and its attendant pleasures, the idea prevails in the tribes that the menstrual flow is the result of sexual intercourse. In two instances Indian men came to me with the complaint that their daughters, in the boarding-school at the Agency, had been seduced, as their menses had appeared! Girls in the camp will conceal and deny the flow if it occurs before they have been sold in marriage.

A curious accident which happened recently in Paris points out a possible danger in the wearing of combs and bracelets of celluloid. A little girl sat down before the fire to prepare her lessons. Her hair was kept back by a semi-circular comb of celluloid. As her head was bent forward to the fire this became warm, and suddenly burst into flames. The child's hair was partly burned off, and the skin of the head was so injured that several months after, though the burn was healed, the cicatrix formed a white patch on which no hair would grow. The burning point of celluloid is about 180 degrees, and the comb worn by the girl had attained that heat as it was held before the fire.

The greatest gourmands of this planet seem to be the Amalaque Caffirs ranging the head-water regions of the Orange River. They tend sheep and black cattle, but have to take monthly hunting trips to keep up with the demands of their appetite, and after a successful expedition think nothing of devouring twelve pounds of meat per male adult at a single meal, together with large pansful of broiled marrow, curds and maize porridge. Captain Wissman saw one of their braves eat up a hind-quarter of a sable antelope in a single night, and explains their exploits by the remark that in stress of circumstances they are able to fast for a week, but adds that they seem to consider it unmanly to leave a good haunch unfinished.

An explanation of the formation of natural gas is that water finds its way below the crust of the earth and then meets with carbides of metals (particularly of iron) in a glowing state. The water is decomposed into its constituent gases. The oxygen unites with the iron, while the hydrogen takes up the carbon and ascends to a higher region, where part of it is condensed into mineral oil, and part remains as natural gas, to escape where it can find an outlet, or to remain stored at great pressure until a bore-hole is put down to provide it a passage to the surface. Oil-bearing strata occur in the vicinity of mountain ranges; and it is supposed that the upheaval of the hills has sufficiently dislocated the strata below to give the water access to depths from which it is ordinarily shut out.

USEFUL RECIPES.

Cocaine ointment (1 in 20) applied to the breast will alleviate the suffering of cancer.

If you ever drop your watch in the water, hasten to throw it into a cup of alcohol or whisky; that will prevent the works from rusting.

A strip of flannel or a napkin wrung out of hot watter and applied round the neck of a child that has croup will usually bring relief in ten minutes.

In bronchitis when the patient suffers from soreness of the chest due to efforts at cough, relief may be obtained by bathing the part with warm arnica lotion.

For odorous perspiration those parts of the body which emit the odor should be dressed with a piece of lint in the following mixture: ℞. Powdered rice, 2 ounces; Subnitrate of bismuth, 7 drachms; Permanganate of potash, 3 drachms; Powdered talc, 1½ drachms.

In diphtheria, hydrogen peroxide is little less agreeable to the taste than water; it is perfectly harmless when swallowed, and while exerting a powerful action on dead tissue or discharges, is without unpleasant effect upon the most sensitive parts. When applied freely and frequently, it rapidly disintegrates the false membrane.

This procedure has been employed with success by Dr. Stocquart in five cases of neuralgia and muscular pain. He injects, with a hypodermic syringe, about fifteen minims of cold water into the back of the neck. The injection generally causes some pain while the curative effect on the pain or spasm is generally prompt and permanent.

The following tests in cases of eruptions supposed to be due to iodoform-poisoning will determine the diagnosis:

1st. A piece of silver money placed in the mouth is immediately followed by a taste of garlic.

2d. A small amount of calomel mixed with the saliva gives a characteristic canary-yellow color, due to the formation of a mercurous iodide.

Investigations show that in seven years fifty-six sane persons were imprisoned in the Buffalo Asylum, and this is admitted by the asylum authorities in their reports. It is also asserted that the Utica Asylum admits that over one hundred sane persons have been imprisoned there in thirty years. In many cases there is no fault on the part of the asylum authorities.

CORRESPONDENCE.

The February Era.

Chicago, Feb. 20, 1890.

To the Editor:

Among the many good articles of this number there are two which, to my mind, are worthy of more than passing notice.

First: Dr. Knoll's article on the "Local Treatment of Diphtheria." It is in harmony with the theory of the bacteriological origin of infectious and contagious diseases. It makes of diphtheria primarily a local disease, and recognizes the virtues of thorough antiseptic and bacterial treatment. In this instance Dr. Knoll uses as a bactericide carbolic acid. Another acute observer, Dr. Hoadley, uses Tr. Myrrh; still another Acetic acid, and others alcohol, etc. I believe with Dr. Knoll, that carbolic acid is the most effective.

To me, bacteriology and antisepsis are the bright stars of modern medicine. And the Medical Era is, I believe, the only Homœopathic journal *en rapport* with the subject.

Second: Dr. Thompson's article on "Orificial Surgery." The result accomplished here can certainly be classed as brilliant. Call it what you may, orificial or anything else, any system that will accomplish so much is worthy of consideration. One cannot well question the diagnosis, nor the result, for the modesty with which the article is written shows upon its face the stamp of truth.

The credit he gives to medication will apply to enforced rest, which is a factor often overlooked.

We can well follow his example in waiting so long before reporting a suppositious cure.

Henry Sherby, M. D.

The appreciation in which homœopathic "provings" are held is shown by the following from the *New England Medical Monthly:*

Not long since, while reading a history of "provings" of Nux Vomica, we learned that the patient was despondent and buoyant alternately, and that he had a desire to talk about his condition. Constipation, and an occasional sticking pain in the right ear, and a sensitiveness of strong odors were also noticed. He had pimples on his chin, and his dreams were full of bustle and anxiety. On going upstairs he was anxious to get to the top. As we had previously observed that the same symptoms followed the use of pumpkin pie, with the exception that the patient tripped up on a dust pan on the last stair when going down, it occurred to us that pumpkin pie should be added to the pharmacopœia.

ANNOUNCEMENTS.

The International Homœopathic Congress.

Editor of the Medical Era:

The American Institute's committee on the International Homœopathic Congress is endeavoring to give character and direction to the essays and discussions of the Congress, and to this object more time and energy have been devoted than to any other part of the committee's labors. It would seem that as the themes and discussions of a national medical association naturally take a broader scope than those of a local society, so the work of an International Congress should be more comprehensive and far-reaching than even that of a national convention. This committee, therefore, is seeking to bring before the approaching Congress some of the highest and broadest questions that confront our profession in all its departments. It is important that the Congress should discuss, for instance, some of the broad and imperative issues of Modern Surgery, rather than the technical details of some minor or major operation,—the influence of the law of cure in a whole realm of maladies, rather than the indications for this or that remedy in some particular disease,—the development and promulgation of a Materia Medica, rather than the symptoms of an individual drug. To this end our committee has labored, and thus far, with most flattering prospects of brilliant success. Papers bearing upon these classes of subjects, are in course of preparation by physicians selected from among those best qualified for the work, and others, equally distinguished in the various departments, have consented to take a prominent part in the discussions.

In order to correct a misapprehension, it may be stated that the committee is seeking to serve the Congress, not to control it. Undoubtedly the Congress will adopt and enforce rules of its own,—those governing the reception and discussion of essays, included. This committee does not deem itself authorized to reject any paper that may be offered on any medical or surgical topic whatsoever. All essays, whether prepared at the instance of the committee, or as voluntary contributions, must be passed upon by the Congress or its delegated authority; but the committee will probably recommend and urge that such of the essays as are more or less in harmony with the above mentioned objects, shall take precedence in the discussions; and it is quite likely that these will occupy nearly all the available time.

Notice is hereby given that to insure the publication of the title of any paper in the "Annual Circular and Programme," said title must be in the hands of the undersigned on or before April 5th. And the paper itself should be sent as soon thereafter as practicable, to the chairman of the committee, Dr. T. Y. Kinne, of Paterson, N. J., in order that provision may be made for its discussion.

Pemberton Dudley, M. D.,
Sec'y of the Committee and
General Secretary A. I. H.
Cor. 15th and Master Sts.,
Philadelphia, Pa.

Illinois.

The thirty-sixth annual session of the Illinois Homœopathic Medical Association will be held at Springfield, Illinois, Tuesday, Wednesday and Thursday, May 12, 13, and 14, 1891.

Officers: President, C. E. Laning, M. D., Chicago; first vice-president, H. P. Holmes, M. D., Omaha, Neb.; second vice-president, Lucy Waite, M. D., Chicago.

The coming session will be held at Springfield. This city, one hundred and eighty-five miles southwest of Chicago, can be conveniently reached by several railroads from any part of the State. The local arrangements will be very complete and should be an extra inducement to insure a large attendance. The meeting will be held during the session of the State Legislature.

T. E. Roberts, M. D., *Secretary.*

Kansas.

The Homœopathic Medical Society of the State of Kansas has issued its preliminary announcement. It will meet at Kansas City, Kansas, the first Wednesday in May, 1891. Dr. M. Jay Brown, Salina, President; Dr. D. P. Cook, Clay Center, Secretary.

Missouri Institute of Homœopathy.

The fifteenth annual session of this society will be held at Kansas City, April 21–22, 1891, under the presidency of T. Griswold Comstock, M. D., of St. Louis. An elaborate circular has been issued by the secretary, Dr. A. Cuvier Jones, of Holden, Mo., to whom all correspondence should be addressed.

Colorado.

Dr. Bartlett of Boulder, Colo., makes the following showing for the county hospital under homœopathic treatment for the year 1890 as compared with 1889 under allopathic treatment:

	1889	1890
Total number of patients in hospital	34..	53
Cost of medicine	$169.16..	$83.83
Cost of medicine per patient	5.00..	1.60
Physician's salary	300.00..	300.00
No. of deaths	7..	4
Percentage of deaths	20.5..	7.5

BOOK REVIEWS.

Stricture of the Central Nervous System. By Dr. Ludwig Edinger. Philadelphia and London: F. A. Davis, 1890.

This is a second edition of Dr. Edinger's lectures. It is well illustrated, and the descriptive text is very clear. Students will find it to be a useful book.

The Decline of Manhood. By Alvin E. Small, M. D. Fourth edition—Revised and enlarged. Chicago: Gross & Delbridge, 1890.

Books of this character have their uses. Those who were acquainted with the late Dr. Small know that in treating such a subject he would have in view but one object, that of correcting the errors into which the young are often led. The profession has already made use of three editions.

Text-Book of Hygiene. Comprehensive Treatise on the Principles and Practice of Preventive Medicine from an American Standpoint. By George H. Rohé, M. D. Second edition. Philadelphia and London: F. A. Davis, 1890.

The physician who wants a text-book, of moderate size, and yet one that will give all the essential facts of hygiene—impure water, sewer construction, food, house-drainage, infectious diseases, etc.,—will find it in Rohé's Hygiene. It covers the subject well, and presents it in readable shape.

Lip Chorea, and Paresis of the External Pterygoid Muscles, commonly called "Stammering." By Edward Blake, M. D., M. R. C. S. Life Associate Sanitary Institute, Great Britain, etc. London: Harrison and Sons, 1890.

Dr. Blake's monograph opens with the words: "The object of this essay is to induce medical men to treat the cases of stammering which they encounter in practice on definite scientific principles."

We have seldom seen an essay on any subject, so full of common-sense, and of practical suggestions. Its reading will enable the physician to get an intelligent conception of the causes of "Stammering," and to treat such cases—so often looked upon with a sense of fatality—with much hope of success. We commend Dr. Blake's little work to the profession.

Boenninghausen's Pocket-book. For Homœopathic Physicians to Use at the Bedside in the Study of Materia Medica. A New American Edition, by Dr. Timothy Field Allen. Philadelphia: The Hahnemann Publishing House, 1891. ($4.00.)

According to the views of many in the homœopathic profession, a work of this kind would be more valuable if condensed to about one-half its present size by omitting much that seems to be superfluous. The interminable repetition of "peculiar" indications of questionable value is rather discouraging. But then it would not be "Bœnninghausen's Pocket-book."

Dr. Allen's edition of this old and standard work, notwithstanding the varied views of the profession, will be taken and most diligently used by thousands. It is well printed and well bound, and could not be sold for a less price than the publishers have attached to it.

Transactions of the Homœopathic Medical Society of the State of New York. For the Year 1890. Vol. xxv. Edited by the Secretary: John L. Moffat, M. D.

The New York Society has issued one of the most valuable volumes of its twenty-five. The annual meeting was held at Albany, February, 1890, under the management of Dr. H. M. Dayfoot, and the semi-annual meeting at Brooklyn, in September, under the presidency of Dr. Geo. M. Dillow, of New York, whose likeness the society has very appropriately used as a frontispiece to the volume.

The sessions of 1890 covered a very important period in the history of the New York Society, a period in which there was much discussion and agitation on the subject of medical legislation. The present volume contains a full record of papers and arguments, covering subjects of vital importance to our school. It may well be used as a book of reference by those who, in other States, are giving attention to matters of medical legislation.

Suggestive Therapeutics. A Treatise on the Nature and Uses of Hypnotism. By H. Bernheim, M. D. Translated from the French Edition by Christian A. Herter, M. D. G. P. Putnam's Sons: New York and London. 1890.

The "Nancy School," as it is called, in many respects opposes the school of Paris, at the head of which is Charcot. In the great Eyraud trial, the testimony of the two was in direct conflict. The legal finding favored the views held by Charcot and the school of Paris. But, even though this be true, whatever is received from Bernheim on the subject of hypnotism may be accepted as the conclusion of a careful and conscientious observer. The work which he has called "Suggestive Therapeutics," may be said to give, practically, all that is to-day known regarding this remarkable psychic state, and the therapeutic use that may be made of it

The publishers have made a handsome volume of four hundred pages of Dr. Herter's translation.

THE MEDICAL ERA

COMBINED WITH

THE MEDICAL COUNSELOR.

TERMS: $2.00 PER ANNUM.

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Articles contributed to this journal are accepted on the condition that it shall enjoy the exclusive right to their first publication.

Requests for copies "not received" must be made within 30 days of date of publication.

THE MEDICAL ERA receives *no subscriptions* through pharmacies, "agencies," or other journals. *No exception to this rule will be made.*

OBITUARY.

DR. GEO. S. NORTON died at his home in New York, Saturday, January 31, 1891, aged thirty-nineyears.

The profession will learn with deep regret of the death of one of its most able and valued members. Dr. Norton's career has been active and full of good work. At the time of his death he was professor of Ophthalmology in both the New York Ophthalmic hospital and in the New York Homœopathic Medical Colllege. He was also editor of the *Journal of Ophthalmology, Otology and Laryngology*. In all that he did he was conscientious and painstaking, and had acquired a skill that had earned for him the deserved confidence of his colleagues. He was an earnest student and a successful teacher. As a man, he was loved and admired for the many good qualities that were a part of his life. A host of warm friends will long regret the loss of one who was always kind, genial and sincere.

Dr. Norton leaves a widow and two children who will feel most keenly the early loss of a husband and father.

Glenmary Home.

At Owego, N. Y., Dr. Amos J. Givens, with his associates, has opened a private asylum for the reception of patients suffering from either mental or nervous diseases, where the medical treatment is strictly homœopathic, and the best hygienic regulations are adopted, while the surroundings are home-like and pleasant. The profession should give Dr. Givens support in his enterprise.

IN his work entitled "A Clinical Study of Diseases of the Kidneys," Dr. Clifford Mitchell says: "In the anæmia resulting from acute or subacute nephritis, Oxygen Gas is often undoubtedly a benefit."

The gas may be obtained in cylinders ready for use, from the Chicago Oxygen Gas Co. See page iv.

A Card.

The following announcement is made by Dr. A. B. Norton:

152 West Thirty-Fourth Street,
February 9th, 1891.

Hours: 8–1.

Dr. A. B. Norton desires to announce to the professional friends and patients of his brother, the late Dr. Geo. S. Norton, that he has succeeded to his business.

Dr. Norton is an exclusive specialist of the eye and ear, and has been associated with his brother for the past ten years, *and having all of his records which have always been kept very complete regarding the history and treatment of each individual case*, he is prepared to follow out the same line of treatment adopted by him.

Dr. Shepard who has also been connected with the late Dr. Norton, will continue similar relations with Dr. A. B. Norton.

ONE of several valuable articles announced for the March Popular Science Monthly is an explanation of Dr. Koch's method of treating consumption, by Dr. G. A. Heron, a London physician, and a friend of the discoverer.

GROSS & DELBRIDGE.

Homœopathic Pharmacists and Publishers.

PHARMACY DEPARTMENT.

This department is stocked with a complete assortment of Physicians' Supplies, such as Homœopathic Tinctures, Triturations, Tablets, Suppositories, Cerates, Liniments, Plasters, Absorbent Cotton, Antiseptic Wool, Medical Instruments, Orthopœdic Appliances, Elastic Stockings, Knee Caps, Pocket Cases, and Buggy Cases of superior make.

Triturations. Our Triturations are the best that can be made, and are offered at the following low prices: 4 oz. by weight, 35 cts; 8 oz. 60 cts; 16 oz. $1.00. Our Triturator is the result on our part of much experimental labor and great expense, and we regard it as fully equal if not superior to any in use.

Suppositories. We make a specialty of this class of goods. Send for full list. Per doz., 25 cts; per gross, ...$2.50

Geranium Compound Suppository, for most Uterine difficulties, from a formula by Dr. Hale, is attracting much attention. Send for descriptive circular. Retail price, $1.00. To physicians, 75cts.; or one dozen boxes for.....$6 00

Hydrastia Tonic. A prominent homœopathic physician has given us the formula for a *Restorative* tonic, the basis of which is the highly valued remedy *Hydrastis Canadensis*. This preparation is for the purpose of enriching *the blood, and imparting a healthy tone to the nervous system.* It does this by arousing a *normal appetite, stimulating digestion and assimilation*, and thus aids in supplying the tissues with their proper food. It is useful in all conditions of physical debility from exhausting diseases, loss of fluids, or mental depression, and will agree with the most delicate stomach. Put up in pint bottles at 75 cts. to physicians, or per gallon in jug.....$5.00

A Discount of 20 per cent on Books to Physicians.

GROSS & DELBRIDGE, 48 Madison Street, Chicago.

THEY SAY

That the miller finds life to be one continual grind.

That in London a child is born every four minutes.

That the time has come when nothing succeeds like failure.

That when the young are wakeful and old sleep, death is near.

That the New York Polyclinic has shut down on homœopaths.

That Japan has forty million people and forty thousand doctors.

That the world never will come to an end—it's round, you know.

That twenty-eight per cent of all the births in Paris are illegitimate.

That there are one hundred and thirty-five thousand lepers in the world.

That a man who is a poor anatomist cannot be a good practitioner of medicine.

That the weight of a blood corpuscle is the one-five-hundred-millionth of a grain.

That the worst bored man is the one who falls into the habit of talking to himself.

That no one makes a lie out of whole cloth nowadays; it's too expensive—the cloth.

That Constantinople consumes more patent medicines than any other place on earth.

That inebriety is a disease of the brain that has gone so far as to affect the will-power.

That Esmarch does not believe that drainage water from cemeteries spreads disease.

That every physician before he finishes his career loses his balance on some one subject.

That there never was a coward who could not quote, "Discretion is the better part of valor."

That money often brings trouble, but lots of people are anxious to borrow just such trouble.

That in the end the best advice comes from a man who has kept still while all others were shouting.

That there's a time for everything; taking off your boots after you get to bed indicates a high old time.

That more than seven per cent of medical graduates fail before they have been in practice ten years.

That there is no excuse for a man's failing to keep an engagement except either murder, or sudden death.

That Cæsarean section should be performed after dilatation of the cervix, and prior to rupture of the amniotic sac.

That just as soon as a man becomes old enough to learn how to talk he learns the value of keeping his mouth shut.

That it is wrong to speak ill of anyone; a shrug of the shoulders and a significant glance will answer just as well.

That the Lord helps those who help themselves, but the sheriff steps in when they help themselves to more than their share.

That the man who can tell the same lie thirteen times hand-running without changing it, is the kind of a man that is wanted to tell the truth.

That hyoscyamus is a deadly poison in certain kinds of monkeys, deer, rodents, birds and fish, but has no effect on horses, cows, goats and sheep.

That you can't peel the bark off the honest watch-dog that bays deep-mouthed welcome as you draw near home at three A. M., however much you may desire to.

That the doctors who attended the International Congress at Berlin last summer can now be distinguished by the commanding air with which they order "Zwei lager."

That the Wellesley college girls have been measured and the average waist measure of the 1,100 students was found to be 24.2 inches, which is too small for health.

That the physicians of Berlin assert that their practice has fallen off twenty-five per cent since Koch's operations began, and consequently they demand from the government free lymph.

That in Southern California Indians are said to be one hundred and fifteen to one hundred and forty years of age; they live very temperately, their food being acorns, flour and water. We would rather have something good to eat, and die young.

That it is said to be possible to restore one who is helplessly intoxicated to the almost complete use of his faculties in a very short time by administering to him a half-teaspoonful of ammonium chloride in a tumbler of water, but it is far better for him not to get drunk.

FIG. I. The Case for Operation.

FIG. II. Nicking the Sides of the Vulva.

FIG. III. Transfixing the Vagino-Rectal Septum.

FIG. IV. Splitting the Vagino-Rectal Septum.

FIG. V. Introducing the Last Deep Stitch.

FIG. VI. The Stitches Ready for Tying.

FIG. VII. The Superficial Sutures Tied.

FIG. VIII. The Completed Operation.

OPERATION FOR LACERATED PERINEUM.—PRATT.

THE MEDICAL ERA

COMBINED WITH THE MEDICAL COUNSELOR. DEVOTED TO HOMŒOPATHY AND THE ALLIED SCIENCES

VOL. IX. CHICAGO, APRIL, 1891. No. 4

HOMŒOPHOBIA.

DR. S. O. L. POTTER is suffering from a violent attack of homœophobia.

The nature of this malady may be thus defined, and its symptoms enumerated:

Ho-mœ-o-pho-bia (*n.*) belief that homœopaths are either fools or knaves; belief that those who are not knaves are fools; that those who are not fools are knaves; belief that all are more or less miserable sinners; supplication to be delivered from them.

Homœophobia is, essentially, a chronic disease. Like asthma, it is not dangerous to life, though recovery is rare. A patient may live out his expectancy, and yet suffer from it all his life. Acute exacerbations, however, are of frequent occurrence. Many things will excite them. The sight of a vial of sugar-pills is very apt to have this effect, as is, also, the use of an anodyne by a believer in *similia.*

While suffering from an acute aggravation of the disease DR. POTTER has fired another gun at homœopathy.

The shot will have about as much effect as thousands of others that have been directed at our school for a century past.

The attack comes in the shape of a brochure which its author has issued for the purpose of sustaining a statement that he once made to the effect that those who claim to be homœopathic physicians sometimes resort to methods of treatment that are non-homœopathic.

DR. POTTER might well have spared himself the trouble. By reference to THE MEDICAL ERA for the early months of the current year he could have obtained evidence of this character in abundance. There he would have found definitions made by many leading members of our school, freely stating that the practice of a homœopathic physician is limited by nothing except his own judgment of what will most benefit his patient, providing that it include a belief in and the application of *similia.*

DR. POTTER has offered additional evidence to this effect, and in so doing he has helped to demonstrate the fact that *homœopaths are not fools.*

Homœopaths have never tried to conceal that which our author takes so much pains to set forth. If they had done so, he would not so readily have found the mass of testimony that he has put in evidence. When homœopaths resort to methods that are non-homœopathic, they attempt no evasion or deception. This is in strong contrast to the action of the members of the dominant school. The latter occasionally make use of homœopathic methods, and several of their standard text-books contain numberless examples, derived from homœopathic sources, of the homœopathic application of drugs, without a word of credit or acknowledgment.

When homœopaths make use of empirical measures, they attempt no concealment. When the school of empiricism makes use of homœopathic methods, they evade and deny.

This is a distinction that DR. POTTER failed to note. Had he done otherwise he would have demonstrated the fact that *homœopaths are not knaves.*

For the rest there is little to be said. The old straw has been threshed so many times that it has become reduced to a mass of chaff.

But we expect the next victim of homœophobia who comes along to hit it a kick and send the particles flying in air. It is harmless sport. It amuses them, and it does not hurt us.

THE MODESTY OF THE BOURBONS.

The old school is nothing if not modest.

Last year, as the world well knows, the Homœopathic profession of the State of New York by strenuous effort, and in spite of the active and violent opposition of the dominant school, succeeded in getting placed upon the statute books a medical practice act. The members of the old-school resisted the passage of the act in every possible manner. They "resolved" against it in society, and argued against it in committee. All this is matter of recent history. And yet, with a cool effrontery that is icy in temperature, they now come up smiling and claim credit for the whole thing.

At the recent meeting of the State Medical Society the President, Dr. W. W. Potter, of Buffalo, said:

If we have not attained that degree of perfection which we could desire, nevertheless it is a satisfaction that we are able to note some progress year by year toward that standard of medical excellence which, when attained, will enable our profession to take the rank which our supremacy as a commonwealth warrants and which our pride as a people demands. The contribution of this society for the year 1890 toward that end is a State Medical Examining Board, which may easily be regarded as the most important step taken by the State within the range of recent years in the direction of medical educational reform.

For downright assurance and patent humbug the old-school can show few things that surpass this. They can show some, for their pathway is marked by inconsistencies. But this is the freshest, and, therefore, the least tainted. It is the pure article—"gall."

They have in the past appropriated much homœopathic thunder, to say nothing of an occasional flash of lightning. We scarcely expected them to adopt this new-born infant before giving us a chance to wean it and change its linen. But they have done so. They always know a good thing when they hear it—if you shout loud enough.

Under the fostering care of the Bourbons and the VanWinkles, we expect to see the new law have a thorough trial, and thus demonstrate the wisdom and ability of its originators and promoters—the members of the Homœopathic Medical Society of the State of New York.

The World's Congress.—Read the announcement of the Chairman of the Committee of Arrangements, on page 125.

DIPHTHERIA.

In this issue our readers will find a very interesting article by Dr. M. D. Satterlee, of Pennsylvania, in which he takes exception to Dr. Knoll's method of treatment of diphtheria, as detailed in The Era of February. Dr. Satterlee speaks from experience, and speaks with authority, for, as a "regular" practitioner, he tried other methods before he adopted the homœopathic.

We are aware that the subject of the treatment of diphtheria is never-ending. At the meetings of medical societies it affords matter for interminable discussion, and the expression of many and conflicting views. There have been as many "methods" of treatment proposed as there are "cures" for warts. But, taking advantage of the issue raised between Dr. Satterlee and Dr. Knoll, the Era wishes to obtain expressions of opinion from others. We invite our numerous readers—those who have had experience—to send us communications regarding their practice in this respect. We refer, particularly, to the use of *local applications* in the treatment of diphtheria. Do you use them? If so, what do you use? Have you any experience in the treatment of the disease without the use of local applications? If so, how do the results of the two methods compare?

Prompt replies are solicited.

WISCONSIN.

Last month we were led to report that the Wisconsin State Legislature had passed a medical practice act. The correspondent who sent us the statement did not take pains to verify his information. The bill was not passed, but simply introduced, as we have since learned from a more reliable source. We are also indebted to the last named for a copy of the bill, which we find to be one of the best that has been formulated in any state. We trust that it may become a law.

Chicago sent forth last month one hundred and forty-nine homœopathic physicians to enter the field of practice, and yet, they say that homœopathy is dying out!

ORIGINAL ARTICLES.

OPERATIONS FOR REPAIR OF LACERATION OF THE PERINEUM.

By E. H. PRATT, A. M., M. D., LL.D.
CHICAGO.

[From the Author's Work on Orificial Surgery.]

THERE are two perineal operations that I will describe in this connection. One is for complete laceration through the sphincters into the bowel; the other is a form of operation in which the tear simply extends to the sphincters, but not through them.

Regarding the question of immediate repair of a ruptured perineum, there is a division of opinion in the profession. Many operators prefer an immediate stitching of the parts, and they report satisfactory results. An equally large number report more satisfactory results from simply confining the patient to the dorsal position for a few days, dressing with a perineal pad, and fastening the knees snugly together with a bandage. As a result of the bruising caused by the parturition, the perineal tissues are very much softened, and a stitch introduced at this time appears to be a source of irritation. It is liable to induce suppuration, followed by non-union. If repair is decided upon, antiseptic methods should be employed, and the stitches should be deep, in order to avoid the danger of sloughing through the softened tissues.

The operations which I will describe are for the old cases in which the perineum failed to unite, and the raw surfaces have been covered by cicatricial tissue. The rupture should be at least three or six months old before any attempt at repair should be made, so as to permit a good circulation to become re-established through the parts. In cases where the sphincter muscles of the rectum have been torn apart, an effort should be made to unite them.

The first step in the operation is to secure the ends of the sphincter muscles in the hold of two good-sized tenacula. The operator is then to sever, by submucous method, the sphincter muscles on one or both sides of the anus, well back toward the coccyx. The ruptured surface is now to be denuded by raising four flaps of tissue, starting the flaps midway between the vagina and the rectum. Two of the flaps should curl backward to complete the rectal wall, and two should curl forward, so as to rebuild the perineal wall. Superficial and deep stitches, the former of silk and the latter of wire, should be passed from side to side to secure the coäptation of the parts. The wire is best secured by perforated shot guarded by a metallic shield or button. A perineal pad and ordinary after dressings are then made for from eight to twelve days, after which time the stitches are to be removed.

In cases in which the sphincters have not been ruptured, the wound simply extending to them, the rent of the perineum may be repaired satisfactorily by the following method:

With the patient in position and the part thoroughly cleansed and prepared for the work, a slight nick is made on either side of the vulva, half way between the posterior fourchette of the perineum and the meatus urinarius (Fig. 2). The mark made at the junction of the skin and mucous membrane designates the point which is to limit the anterior extremity of the new perineum.

With the fingers of the left hand in the rectum, a long-bladed bistoury is now made to pierce the vagino-rectal septum for from one to three inches, according to the amount of rectocele present, care being taken to wound neither rectum nor vagina (Fig. 3).

As soon as the knife is removed, a pair of artery-forceps seizes the upper lip of the wound, and is held upward by an assistant, while the operator, with a sharp-pointed pair of scissors, severs the mucous membrane from the skin as far as the lateral landmarks, previously made on the side of the vulva. Two additional pairs of artery forceps now seize the upper edge of the cut, one on either side, so that the lower edge of the vaginal mucous membrane, which has now been completely severed from the skin, is held upward by three pairs of artery-forceps in the hands of assistants (Fig. 4).

As soon as a flap of sufficient size has been raised, while the assistants are still using traction on the forceps attached to its edge, the operator proceeds with the introduction of the stitches, beginning with the one nearest the anus. Three deep sutures—the lower two completely covered in their course, and the upper one transfixing the tissues at the side, and slightly in the middle—are to be introduced, and as many superficial ones as are required nicely to coäpt the edges of the skin, and also the edges of the raised flap; the superficial stitches are first to be tied, and then the deep ones (Figs. 5, 6 and 7).

There are two objections to this operation. First, it leaves a ridge along the posterior wall of the vagina, the lower end of which forms a more or less marked teat, which often requires subsequent snapping off. Again, it puckers the tissues into too much of a wad to constitute a smooth and satisfactory perineal body. A much better practice is to remove this entire flap, and carefully and evenly coäpt the sides of the wound. The advantages of this method are the protection from all vaginal discharges

that the roof affords, and the uniform healing secured.

Let me describe the operation which seems to me preferable even to this ingenious method.

The lateral margins of the surface to be denuded are to be marked with a small nick of the scissors, as in the operation just described. A sharp-pointed pair of scissors is now made to sever the mucous membrane from the skin, from one of these marks to the other around the arms of the U which describes the rupture in the perineum. The finger of the left hand is now to be inserted in the rectum to the extent of two or three inches, according to the amount of rectocele present. By bending the finger forward the vaginal wall can now be well protruded into the vulva. The center of this protrusion is to be seized by the two pairs of T-forceps, being careful to grip no deeper with them than the vaginal mucous membrane. The forceps are to be attached to the mucous membrane in line, one above the other.

An assistant is now to seize the forceps, and while the operator is still protruding the rectocele into the vulva by the finger which is introduced into the rectum, with a pair of scissors he is to start at the mark which he has made on the side of the vulva which is to limit the incision, and, inserting one blade beneath the mucous membrane at this point, is completely to sever the mucous membrane of the vagina in a straight line running down from the point of insertion of the scissors to the upper extremity of the farther pair of forceps. The assistant is now to practice tension upon the forceps symmetrically in the opposite direction, and the operator is to repeat the process upon the other side of the vagina. The forceps are to be loosened from their grasp and seize the piece of mucous membrane which is to be removed at one of the margins of this incision. The operator is now to take the forceps in one hand, and by stretching the tissues over the index finger of the same hand, it is a simple matter for him, with the closed points of his scissors, to tear from its bed the piece of membrane that he has outlined. In other words, he is literally to "skin" the surface which he desires to obliterate, exercising care so as not to wound the walls of the rectum in the process. This is a very rapid, simple and satisfactory way of denuding the surface, and the denudation can be made of any size or shape deemed best in the judgment of the operator.

The operator is now to insert the index finger of the left hand into the rectum and protrude the denuded surface into the vulva preparatory to the insertion of the stitches. These would better be of silk, and are to be inserted from side to side, beginning at the upper angle of the wound. It is well to have at least every other stitch buried in the center of the denuded surface, as well as transfixing the margins of the wound. The objection to using completely buried sutures is that it makes an undue puckering of the tissues and chokes them to such an extent as to interfere with the proper healing of the wound. The last three stitches which are made to transfix the skin surface may be of silver wire instead of silk, if the operator prefers, No. 24 wire being the best size for this purpose (Figs. 48 and 49.)

One reason why perineal operations are failures is because the scarification of the surface to be united has not been sufficiently thorough. The teaching which I received upon this subject when in college was to denude the surface by seizing a spot with the hook of the tenaculum, and then, with a pair of scissors, snip off a small piece of mucous membrane. The whole surface to be denuded was to be picked over in this manner and the parts brought together. Many times very little beyond the epithelial layer was removed, and so in my first operations I met with many failures. But when the whole mucous membrane is removed the surface is most thoroughly denuded, and the circulation in the parts beneath is sufficiently active to insure repair.

I have performed many operations after the manner above described, and they have been uniformly so satisfactory that I feel justified in recommending it to others with confidence. The final result is simply perfect. The perineal body is as extensive as the operator chooses to make it, and its vaginal surface perfectly smooth and free from all sources of irritation.

REFERENCE TO FIGURES.

Fig. 1 illustrates the appearance of a case ruptured *to* the sphincters, needing an operation.

Fig. 2 illustrates the manner of nicking the sides of the vulva so as to limit the lateral margins of the proposed denudation.

Fig. 3 shows the way to transfix the vagino-rectal septum with a long, narrow-bladed bistoury as far up the vagina as the denudation is to be made, the track of the knife being a good guide in the denuding process. Neither the rectum nor vagina is to be wounded.

Fig. 4 illustrates the process of splitting the vagino-rectal septum; or, in other words, raising the vaginal flap—the edges being held up by artery-forceps in the hands of assistants, while the operator, with a pair of sharp-pointed scissors, is severing the tissues beneath it.

Fig, 5 illustrates the position of the parts and instruments while introducing the last deep stitch.

In Fig. 6 the proper amount of surface has been denuded and the stitches all inserted and lie symmetrically disposed on each side, being now ready for tying; they are to be united from above downward.

In Fig. 7 the superficial sutures have been tied, the threads left long and in a bunch, held tense by an assistant, while the operator is about to tighten the deep ones which now are spread across the buttocks.

Fig. 8 shows the appearance of the parts after the completion of the operation.

THE HOMŒOPATHIC TREATMENT OF DIPHTHERIA.

BY M. D. SATTERLEE, M. D.,
HARTSTOWN, PENN.

IN THE MEDICAL ERA of February I notice an article by Dr. W. F. Knoll on the curative treatment of diphtheria by local application in the early stage. His theory is based on the assumption that the disease is primarily local, and it is on this point that I wish to take issue with him.

I have been through three epidemics of diphtheria and have repeatedly seen marked evidence of general malaise, and even of blood changes, long before a trace of morbid action could be detected in the throat. Moreover, the theory is contrary to the teachings of all our leading authorities.

I am an old-school physician, and practiced accordingly for five years. Not knowing the value of specific medication I treated my diphtheria patients with carbolic acid, nitrate of silver, and solutions of bichloride of mercury, as my whim dictated, together with quinine, iron and stimulants—all in my frantic efforts to kill something besides my patients.

In the last epidemic, having lost twelve patients (four in one family), I began to wonder if they died a natural death. I became disgusted with the results of old methods, and turned to homœopathy for relief.

The elements of destruction formerly used were discarded, and in the family where I had lost four patients, the mother and two youngest and fattest children, in whom mortality is always greatest, were placed on Mercurius cyanuret, 2x trituration, and in twelve hours they were out of danger.

I had nineteen cases in succession in that epidemic, where nearly all had died under old-time treatment, who recovered promptly under the indicated homœopathic remedy. Since then I have treated twenty sporadic cases in all grades of severity as regards onset of disease, and in every case has the morbid process been promptly controlled without the use of a local application of any kind.

In the light of this experience I shall be slow to place confidence in any local application, however plausible the theory or however many sporadic cases may be reported as cured thereby, for we all know that in certain epidemics the disease is very mild, and patients will recover under almost any treatment.

If this letter becomes the means of saving any homœopathic physician from the mistake of sitting idly by waiting for a germicide to get in its work on some imaginary germ instead of hunting industriously for the indicated remedy, my object in writing it will have been attained.

I wish, also, to help Dr. J. J. Thompson in his endeavor to determine whether orificial surgery or the homœopathic remedy cured his "interesting case" recorded in the same issue of this paper.

The orificial surgery consisted in dilating the urethra and anus, circumcision of an œdematous prepuce, and the removal of pile tumors and papillæ from the rectum. The urethra and anus are not mentioned as having been insufficient, and this dilatation beyond what nature intended could not have been curative. Œdema of the prepuce was a result of the disease and not its cause, and relief of this condition by circumcision could only have been palliative.

Do pile tumors and papillæ have a causative relation to Bright's disease? If not, how could their removal be considered the curative agent? But the man had Arsenicum!

What homœopath does not know that Arsenic has caused and cured Bright's disease of the kidneys? In my own limited practice it has cured three cases, one fully as bad as that narrated.

The regulars and empiricists not knowing the power of specific medication may be led to perform orificial surgery for the cure of Bright's disease, but true homœopathy will give all credit to *Arsenicum*.

DANDRUFF, LUPUS AND THE LUPOID DISEASES.

BY EDWARD BLAKE, M. D.,
LONDON, ENGLAND.

Part III.

THE researches of Koch and the general interest taken in them, have served to elevate the different diseases known under the common name of Lupus into a position of curious and exceptional prominence.

We have lightly sketched in preceding papers the remarkable influence exerted by the epiphytes of the hair over the various forms of ordinary acne. We shall, now, passing swiftly and yet with caution, as those who skate on thin and untried ice, traverse a less known,—a more uncertain track. Much that is said must be viewed as hypothetical and tentative.

But it is needless to say that the whole question is one which teems with possibilities. Others will fill in the many needed observations; for myself I am content to say *fungar vice cotis*. The whole matter is of extraordinary and engrossing interest.

Strange as it may seem at first sight, nevertheless it can be shown that there are many points of analogy between the life history of acne and that of lupus. And this holds good quite apart from the fact that these two morbid conditions are at times associated; for to the

grief and confusion of those who have gone beside themselves in the rabid desire to classify all ailments, those who would like to pigeon-hole all disorders, as men of business label and docket their bills and letters, diseases decline to be thus summarily treated. To the dismay of the conscientious classifier, it has been amply shown that acne fades by insensible gradations into common lupus, and that lupus vulgaris merges, with scarcely perceptible shades of difference, into the erythematous variety.

Not only are lupus and acne associated, but they are also allied. This is hinted at by the nomenclature of the lupous disorders, and clinically it is even more openly proclaimed. To wit, "Lupus Sebaceus," of James Startin and Jonathan Hutchinson: this condition was known to Cazenave as "Acne Sebacea"; it corresponds with the "Hypertrophic folliculorum" of Wilks. Some forms of the same malady have been described by other writers as "Seborrhœa Sicca."

Jonathan Hutchinson in his admirable post-graduate course* suggests the name "Acne Lupus" for these intermediate forms which exist as a kind of compromise between "Lupus Vulgaris" and "Lupus Erythematosus." When the lymph spaces and even the bloodvessels themselves are primarily involved, Mr. Hutchinson proposes to call the case one of "Lupus Lymphaticus."

Then there is a "Lupus Papillomatosa," first described by a New York physician, Dr. Prince Morrow, as "Tuberculosis Papillomatosa Cutis." Allied to this is the disease of those who handle animal products, "Tuberculosis Verrucosa Cutis" of Riehl and Paltauf. The tendency to exaggerated freckling and "Xeroderma Pigmentosum," known as Kaposi's Disease, belong by right to the same category.

Practical anatomists are prone to contract a special form of Lupus, called by Hutchinson, "Lupus Necrogenicus." By Wilks, the same disease has been described as "Verruce Necrogenica." Intimately connected with the above, but not associated with necrogenic infection, and it must be remembered that a necrogenic history is sometimes wanting in the preceding form, is the "Lupus Sclereux" of Vidal. The "Rhino-skleroma" of Hebra is a lupus. In close juxtaposition with the remarkable case put on record by Dr. Morrow, Mr. Hutchinson places the "Lupus Verrucosus" of Dr. McCall Anderson.

Of course these species may be, and undoubtedly will be, multiplied *ad infinitum*, and they will lack finality, for the simple reason that *the matter is approached from the wrong side*. The point of view is hopelessly at fault. Classification with the object of teaching, and for literary purposes is convenient—perhaps essential. But the attempt to classify the ever-varying forms of lupus and lupoid disease have so far proved to be a "brilliant failure." That it must always end in a dismal disappointment if carried forward on the same lines, is self-evident, because we have strong reason to suspect that one exciting cause induces, in differing temperaments and constitutions, an infinite variety of results.

As I do not desire to cavil, I will not, as I fairly might, urge that on the very threshold we encounter an initial difficulty. We have no accurate definition of lupus. We may say that it is an infective, serpiginous process, usually accompanied by local inflammation and by insular disks or satellites, prone to "apple-jelly" degeneration, affecting nearly exclusively the exposed parts of the body; aggravated by exposure to extremes of temperature; co-existent with seborrhœa, chilblains, tuberculosis, freckles and warts; intractable to medication, yielding, as a rule, only to erosion or to the cautery. We indeed recognize the disease from this incomplete picture, but we cannot close our eyes to its obvious imperfections.

With regard to the more modern addition to the lupus family, Lupus Erythematosus, its differentiation from Lupus Vulgaris is made chiefly by the following points. Though not absolutely unknown in infancy, it usually begins later in life than the commoner variety. It is more prone to invade the covered parts of the body.

It is often symmetrical.

It is more superficial.

It does not tend to ulcerate.

It leaves less disfiguring cicatrices.

It is liable to attacks of febrile exacerbation, often amounting to erysipelas.

Its origin is very frequently in a sort of chilblain on the nose, still more frequently in a sunblain.

It reveals delicacy, often occurring in members of a phthisical family.

Though the victims of Lupus Erythematosus are found in tubercular families, the presence of the actual tubercle bacillus does not appear to have been demonstrated.

Lupus Erythematosus is found associated with a condition resembling Raynaud's Disease.

It accompanies certain kinds of nævus and is sometimes mixed with psoriasis.

Its subjects are not, as a rule, destined for long life. They sometimes drift into debility with or without tuberculous disease of the lung.

They may die of erysipelas, or the scene may be closed by an attack of pneumonia.

When we consider as a whole the great mass of clinical evidence which has been accumulated,

*London Lancet, January, 1891.

we can scarcely fail to be struck by one singular and most suggestive point. It is that, certainly in its earlier years, practically during its life history, Lupus is confined to those portions of the face which most frequently come in contact with the finger-nail.

This is well known, and Mr. Jonathan Hutchinson explains it by the necessary exposure of those parts. But are the toes of the bootless so prone to Lupus?

The circulation of the toes is inferior to that of the fingers; *à fortiori*, Lupus should be more common there.

With what frequency the nail is automatically applied to the scalp for scratching purposes! Having relieved the itching scalp, the child proceeds to scratch the side of the nose, or, under certain conditions, to bore at its contents, thus removing a scab or a portion of epithelium and opening the way to local germ invasion. Or a strumous eyelid wants attention; the eyes are well rubbed along the orifices of the Meibomian follicles. But these happen to be the favorite sites of lupus. What is the inevitable deduction?

That the special germ which gives rise to lupus is conveyed from the hair to the nidus prepared by lowered local or general vitality for its accommodation.

That lupus vulgaris requires either actual loss of surface or enfeebled glands for its reception, is probable; whilst the symmetry usually present in the erythematous variety, makes us suspect that, as in zona, so here, a preceding trophoneurosis is needful.

Does the hairy scalp differ in any way from the rest of the scalp, and from the face? It certainly does, and the greatest difference exists in the social class which is the most prone to lupus. What is there then about the ordinary treatment of our hair that separates it so completely from the face?

The hair, in the strata of society where brushes are not patronized, is much less exposed to friction than the face. Again, the scalp is much less frequently washed, even in the case of those who are accustomed to cleanliness. If a lady has very long hair, though the head may be often "washed," as a matter of fact, the crown of the head is seldom really cleansed.

We are driven to view the scalp as a vast depot teeming with morbific germs. The number and variety of these vary, of course, with the variations of the atmosphere which usually surrounds the head.

What must be the state of the head of a surgical nurse, possessing luxuriant hair whilst she is denied the leisure to wash it?

It has been estimated by Miquel that the air of LaPitié, one of the older hospitals of Paris, contains 319000 micro-organisms to the cubic metre.

More than two millions of microbes have been counted in one gramme (15 grains) of dust in an ordinary dwelling house. The air of a mountain top contains, on an average, only one microbe to each cubic metre. With these figures before us, we can readily understand why tubercular patients may do well at such a lofty health resort as Davos-platz.

As an example of capillary hair-convection of morbid germs, I will quote the following case, which occurred within my own knowledge:

A lady residing in the West End of London, had one child with her, the other children being at Brighton. The London child was stricken with scarlet fever. After the convalescence, the mother desired to visit her other children at the seaside. She proceeded, after going as far as Croydon, to change every article of clothing, and took nothing, not even her boots, to Brighton. She also had a bath at Croydon, *but did not disinfect her head.* With the usual time allowed for incubation and for the preliminary pyrexia, the Brighton children broke out into a florid rash and presented all the signs of scarlatina.

Of course there are remote possibilities of purse, money, railway ticket, etc., but probably the disease was conveyed in the hair. Similarly a domestic pet frequently plays the role of disease distributor.

We may inquire why Lupus Vulgaris so often contains tubercle bacilli, and why Lupus Erythematosus, though more frequently found in phthisical persons, is not prone to possess them? The answer is not far to seek. Lupus Vulgaris soon shows an open sore, always ready to receive any wandering ærial bacillus. The reverse is the case with Lupus Erythematosus. This explains why Lupus Vulgaris has been more benefited by Koch's treatment.

Again we naturally ask why some cases of Lupus Vulgaris improve so much more than others under the injections of Koch? It is highly probable that the amount of improvement is proportionate to the number of tubercle bacilli which happen to exist in the tissues surrounding the lupus, and when these have been destroyed the case greatly improves. Then, after a time, a new invasion takes place from the air, and the disease starts again, perhaps having a renewed impulse from another scalp infection by way of the finger-nail.

The obvious moral is, sterilize the scalp and keep it sterilized by some safe and suitable germicide. This can do no harm, and may be productive of lasting good.

In reporting cases of lupus, no clinical history can be considered complete that does not give the results of a scrupulous and searching microscopic investigation of the hair-roots.

CRYPSORCHIS.—A RARE CASE.

By H. D. CHAMPLIN, A.M., M.D.
CLEVELAND, O.

ON or about June 10, 1890, a man aged 35 years, dark hair and eyes, medium height, and weighing about 160 pounds, presented himself at my office and asked for a private interview. His manner was so agitated and his speech so hurried and almost incoherent that I at once ushered him into my private office and inquired as to the nature of his business.

Without a word of explanation and with marvelous celerity he lowered his pants and drawers, raised his shirt flap and exposed to my view an unusually good sized organ in the shape of a penis, and the sorriest shred for a scrotum I ever saw.

"Examine me, Doctor!" he shrieked out, "and say what is the matter."

I did examine him, thoroughly and carefully, and questioned and cross-questioned him, but I failed to find any testicles or that he had ever had any. I could pass the index finger into the inguinal canal on each side, and found no obstruction there.

Let us look for a few moments into the descent of the testicles. The testicle is originally developed in the lumbar region, immediately below the kidneys and is loosely attached to the back of the abdomen by a fold of peritoneum, the "mesorchium" along which its vessels and nerves run up to it as to any other abdominal viscus. From the lower end of the gland there proceeds to the bottom of the scrotum a contractile cord termed the "gubernaculum testis." By the gradual contraction of this the organ is brought into the scrotum. It begins to slide down from the loins about the fifth month, reaches the ring at the seventh, and about the ninth has entered the scrotum.

When I had completed my examination to my satisfaction, I proceeded to ask questions. From my patient's earliest recollection his scrotum had been no longer than it then was. He had the power of perfect and complete erection, and enjoyed copulation. He was a married man; had been married ten years. Now comes (to me) the strange part of the story. He had one child, a boy four years old, whom he fairly worshipped. He had his picture, as well as his wife's, in his pocket and showed them to me. His wife, like himself, had dark hair and eyes. *The boy's hair was red and his eyes light blue!*

My patient's feverish anxiety was to know if I thought the child was his or some other man's. I quieted him down by saying I thought it was his own, and asked him why he should think otherwise. It seems he had formed the acquaintance of a prominent physician and surgeon, and one evening in the course of conversation the subject veered around to copulation and conception, and the surgeon had unwittingly enlightened my patient as to some things necessary in regard to the procreation of the human species. I talked and explained matters to him as I thought, satisfactorily, though not strictly, true, and bade him think no more about it. He thanked me, paid his bill and went on his way.

I noticed in a paper published in the East, about six months after (in December, '90), "the murder of a wife and son by an infuriated husband and father," giving names and descriptions, and at once recognized my patient of the June before as the murderer.

That his wife had been untrue there is not the shadow of a doubt. The husband could not procreate, having no sperm to do so with. Careful search in medical literature and investigation have confirmed this fact. "Although sexual instinct may be present and the power to perform the act; there is no spermatic fluid secreted and hence conception does not take place." In terse terms we may say, "No testicles, no sperm."

CHLORAL HYDRATE: A LECTURE.

BY CHAS. S. MACK, M. D.
ANN ARBOR.

CHLORAL was discovered by Liebig about the year 1832. Its name is derived from the fact that it is prepared by passing dry chlorine gas through pure anhydrous alcohol. We shall not study the details of its preparation and purification. Anhydrous chloral is an oily, colorless liquid with the formula C_2HCl_3O. When mixed with about one-eighth its weight of distilled water, each molecule of anhydrous chloral combines with one molecule of water, and this product (C_2HCl_3O, H_2O) is chloral hydrate, a crystalline solid. It has an acrid taste peculiar to itself; is very soluble in water, alcohol or ether —somewhat less so in chloroform. Anhydrous chloral is not used as medicine. Chloral hydrate is frequently, perhaps usually, called simply *chloral*.

Chloral hydrate was introduced into medicine by Liebreich in 1869. The circumstances of its introduction were somewhat peculiar, and are of interest as probably illustrating the fact that correct conclusions are sometimes arrived at from incorrect premises. "When chloral is mixed with an alkali it is split up, yielding formic acid which combines with the alkali and chloroform. Liebreich thought that if chloral were administered internally the alkalis of the blood would slowly split it up, and that chloroform would thus be slowly generated from it in the circulating blood for a considerable length of time. His expectations regarding the utility of chloral as a means of producing sleep and

relieving pain have been fully answered; but the theory which led him to employ chloral appears to be erroneous, and it probably acts as a hypnotic and analgesic without undergoing any decomposition in the body." This view which I quote from Brunton (*a*) is probably correct, though many have held that chloral does give rise to chloroform in the blood just as Liebreich expected it to do. The literature upon experiments to determine this question is considerable.

Before studying in detail the effects of chloral hydrate taken internally, we may notice that it is an antiseptic, and that it is something of an anodyne when locally applied. Its antiseptic properties have led to its use for the preservation of anatomical specimens, and for the prevention of decomposition in urine. Its properties as a local anodyne have led to its use as an external application in various circumstances to relieve a patient of itching or slight pain; for such purpose an ointment containing chloral is sometimes applied. Its properties as both an antiseptic and a local anodyne have led to the application of it in solution to cancerous and other ulcerations, etc. For local application in various conditions, solutions have been used varying in strength from 1% to 50% (*b*): locally applied the drug is an irritant; strong solutions are even caustic (*c*).

Though chloral hydrate has been used in medicine only twenty years, there are recorded very many cases of death from its use as a medicine. The most marked pathogenetic effect of this drug is hypnosis. Twenty or thirty grains of it will frequently put a patient to sleep, and the administration of the drug for the sake of inducing this pathogenetic effect, has, as you are aware, been very common. That to produce this pathogenetic effect is sometimes useful I believe is true, but that it should never be carelessly done I *know* is true. One fact to remember if you propose using chloral as a hypnotic is that persons differ greatly in their susceptibility to the pathogenetic action of the drug. In some cases several drachms have seemed to do no serious harm—more than an ounce has been taken without causing death; but, on the other hand, "numerous instances are reported where ordinary doses of thirty grains have occasioned alarming, and even fatal effects." (*d*). Ten grains have proved fatal to an adult (*e*), and even seven and a half grains have caused alarming symptoms in an adult (*f*). Another fact to be remembered by one who is giving chloral hydrate in quantity sufficient to induce sleep, is that the interval between doses should not be too short. "'As a near approximation to the truth, an adult person who has taken chloral in sufficient quantity to be influenced by it disposes of it at the rate of about seven grains per hour.'" (*g*). Wharton and Stillé (p. 399) say: "From what is known with regard to the use of this drug it is probable that not more than twenty to thirty grains of chloral should be administered in a single dose, and that it is somewhat dangerous to repeat this at shorter intervals than six to eight hours." I think that, in view of the facts I have already cited, we should not regard as entirely safe a dose of twenty or thirty grains. Wharton and Stillé (p. 398) themselves refer to a case in which thirty grains proved fatal. It should further be remembered that weakness or irregularity of the heart's action, as well as various affections of the bronchi and lungs, render a patient particularly liable to harmful or fatal effects from chloral, and that given to one with "Bright's disease" it is said to favor uræmia (*h*). Apropos of the practice of using chloral hydrate to quiet patients with delirium tremens is the following from Wharton and Stillé (pp. 398-9): "In acute alcoholism, or mania à potu, the absorption of chloral hydrate is slow or is retarded; this sometimes leads to fatal accidents from the incautious use of large doses. As the elimination of alcohol is accomplished, the accumulated large doses of chloral in the stomach may be all at once absorbed and bring about a fatal poisoning."

You now are acquainted with some facts the knowledge of which should deter you from ever carelessly administering chloral hydrate in quantity sufficient to induce its pathogenetic effects. Some, perhaps all, of these effects may follow administration of the drug by the stomach, by the rectum or hypodermically. The hypodermic injection of it is apt to cause local suppuration or an abscess.

A concise statement as to the marked effects when one is seriously or fatally poisoned with chloral hydrate is the following from Reese (p. 349): "In moderate doses, it acts on the brain as a hypnotic; in large doses, it produces a powerful depressant action on the ganglia at the base of the brain, and the spinal cord, causing feeble action of the heart and lungs.

"A full dose usually occasions deep sleep, followed, if the quantity be very large, by fatal coma. The pulse is usually very slow and feeble; the face pale; respiration slow, the heart being ultimately arrested in diastole." A marked feature in serious poisoning by the drug is not mentioned by Reese; it is the great fall in the temperature. Ringer (p. 375) tells of a man who was poisoned by six drachms, and recovered: his temperature after rising to 103° F. fell to 91.2°. Brunton and Stricker found that animals wrapped in cotton-wool would recover after a dose of the drug which

without this wrapping "would certainly kill them" (*i*).

It occasionally happens that one who takes chloral hydrate for relief from nervous excitement, or as a means of procuring sleep, falls into the practice of habitually taking the drug. In such a case the drug "is apt to excite gastro-intestinal disturbance, and to produce skin-eruptions (chiefly erythematous), which sometimes occur only on taking alcohol also, to lower the nutrition, and to cause pains, nervous irritability and depression, which may lead to disturbance of the mental equilibrium. After a time, the dose has to be increased to produce the desired effect, but tolerance is not so readily established as in the taking of opium or morphine, so that patients have died from a slight increase of the dose they have been accustomed to take."(*i*)

There are no effects of chloral hydrate recognized post-mortem as at all characteristic of the drug.

Unmodified Dynamic Effects Producible in Human Beings by Chloral Hydrate.

[Characteristics are italicized. Numbers refer to the text below.]

Head, Mind and Nervous System—Headache, vertigo, confusion of thought, insomnia and delirous excitement, jactitation or convulsions[1]. *Sleep, or profound coma*[2]. Sometimes a limited degree of hyperæsthesia (*k*) or there may be quite severe pains[3]. *Impairment of sensibility. This may progress to complete anæsthesia*[4]. *Spinal reflexes are first increased, then lessened, then abolished*[5]. *Paresis or paralysis. (motor)*[6]. Empty, vacuous feeling in the brain, loss of intelligence and of memory, with moral perversion, melancholy, nervous irritability and depression, sometimes resulting in insanity, easily fatigued, voluntary movements uncertain and disordered, with tendency to fall forward[7]. Shedding of the hair of the head[8].

Face, Eyes and Ears—*Flushing of the face, ears, neck, etc.*(*q*) *Heat, redness and swelling of the face, cheeks, eye-lids and ears.* (*r*) *Redness, swelling and irritability of conjunctivae with hypersecretion*[9]. *Conjunctiva yellow*[10]. Diplopia (*q*). Dimness of sight, or complete blindness[10]. Pupils contracted, excepting when the person is roused. When he is roused they dilate; in more profound poisoning they become widely dilated (*t*)[11]. Ringing in the ears[12].

Alimentary Tract—Increased flow of saliva[13]. Great thirst[14] (*u*). Nausea, vomiting and purging[15]. Dyspepsia-like disturbances of the appetite and digestion[12]. *Whitish, pasty stools with jaundice*[16].

Blood and Circulatory System—The pulse may at first be quickened[17]. *Pulse rendered slow and feeble* (*s*)[18]. Diminution of blood pressure, dilatation of peripheral capillaries[17]. Marked anæmia with weak, irritable, irregular heart[19]. An irregular, thready pulse with the pallor, cold sweat and prostration of collapse.

Respiratory System—*Respiratory movements are rendered slower—sometimes deep, sometimes shallow; later they may become irregular, rapid and shallow*[19]. Sterterous breathing[13]. Spasmodic breathing with an irregular action of the heart[21]. A sense of oppression and burning at the chest (*bb*). Dyspnœa, or even asphyxia (*cc*). Acute bronchitis[22]. Swelling of the epiglottis and false vocal cords (*cc*).

Urinary System—Diuresis (*dd*). *Urine may be stained with bile elements*[16]. Albuminuria, (sometimes Hæmaturia)[13]. Glycosuria[14].

Skin[15]—*Erythematous eruption with desquamation, which often resembles the rash of scarlet fever or measles. With this eruption there may be itching or a sense of burning. Urticaria-like and eczematous? eruptions.* An impetiginous eruption, or one somewhat resembling ichthyosis. Petechiæ. Ecchymoses. Ulcerations and sloughing with even high fever and other pyaemic symptoms (?)[16]. Shedding of hair from head, and of nails from fingers and toes[8]. Bed-sores (?) (*hh*) *Jaundice*[16]. With eruption on the skin there sometimes is fever (*p*). Diaphoresis (?) (*s*).

Temperature—Temperature may be slightly elevated. *In serious poisoning the temperature is very greatly lowered*[17].

1. Potter (p. 137) says: "In some persons, instead of sleep it causes headache, insomnia and delirious excitement." That this is the case is well known. Indeed, there is not infrequently a primary slight excitement of the cerebral functions in those whom the drug puts to sleep. Probably neither jactitation nor convulsion is often induced by the drug, but one or the other sometimes occurs (*j*). Such effects have by some been thought due to impurities in the drug. Farquharson (p. 198) speaks of a case in which epileptiform fits were attributed to the chloral habit, and ceased when the habit was broken.

2. How the drug causes sleep has been much discussed. Some have thought that a proximate cause of the sleep was cerebral anæmia; others, that the drug caused sleep by acting directly upon the brain tissue; others, that the sleep was caused partly in one of these ways—partly in the other. I think that, as a matter of fact, nobody knows how the sleep is caused.

3. Stillé (vol. II, p. 150) tells of a pregnant woman suffering from dyspnœa who took about seventy grains of the drug in the course of five hours. Among the effects of the drug in her were "agonizing pains" in the legs. Pains are among the effects of chronic chloralism quoted above from Brunton. Some have not credited

the statement that chloral hydrate can induce hyperæsthesia (*l*).

4. Phillips (p. 968) says: "A large dose, doubtless, causes some degree of anæsthesia, but it cannot safely be used for surgical purposes (Giraldés and others). Nussbaum tried it in twenty cases, most of whom certainly slept, but only one, a delicate woman, was anæsthetized. Professor Oré has injected solution of chloral into the blood, and finds the anæsthesia more marked than if given by the mouth: he recommends its subcutaneous use in preference to inhalation of ether, etc., and speaks highly of it for the spasm of tetanus; but the method is very dangerous." Though the drug is largely used as a general anodyne, no one, I think, would in these days undertake to induce with it anæsthesia such as is needed for surgical operation. Hare (p. 112) says: "In medicinal amounts it does not decrease sensation, but in toxic dose it does so." The effects of the drug as a general anodyne and general anæsthetic are, perhaps, due partly to its action on spinal centers and partly to its action on cerebral centers (*m*).

5. It is believed that the drug affects the reflexes by acting directly upon the spinal cord, and first upon its grey matter (*n*).

6. Bartholows (p. 566) says: "Chloral does not affect the motor nerves nor impair the contractility of muscles; hence the paralytic phenomena both of animal and of organic life produced by it are due to its direct action on the nervous centers." Taylor speaks of "a falling of the lower jaw" from acute poisoning, and says that in chronic poisoning "there has been partial paralysis of the limbs" (*o*).

7. The "empty, vacuous feeling in the brain," and the effects named since that to this point are observed in chronic poisoning by chloral hydrate.

8. We shall presently mention various eruptions on the skin as liable to be caused by a long-continued abuse of the chloral hydrate. Associated with these eruptions there is sometimes a "falling out of the hair of the head," and "a gradually casting-off of all the nails of the upper and lower extremities" (*p*). Falling of the hair and nails sometimes occurs with the eruptions on the skin which arsenic (long-used) causes, and falling of the hair with those which mercury (long-used) causes.

9. Such an affection of the conjunctiva seems to have been frequently noticed as due to chloral hydrate (*q*). One prover after taking 3i the first night, 3ij the second night, and 3iij the third night experienced, among other effects, a blood-hot and staring appearance of the eyes. "For hree weeks thereafter there was painful sense f drowsiness; eyes were inflamed and sensitive to light, and temper very irritable (*Ed. Med. Jour.*, *xvi*, 375)" (*s*).

10. Lewin (p. 168) says: "Steinheim treated a lady suffering from asthmatic attacks, who on three occasions experienced a severe disorder of vision every time she took chloral. It appeared in the form of dimness of sight, or complete blindness."

11. That the contraction of the pupil gives way to dilatation when patient is roused might in some cases be a point of value in distinguishing chloral poisoning from opium poisoning. The pupil contracted by opium will not dilate when patient is roused. See Taylor, p. 616.

12. From chronic poisoning.

13. It seems probable that the salivation is due to the pungency of the drug—that chloral hydrate is a reflex sialagogue.

14. The thirst, too, seems probably due to the pungency of the drug, which causes "a sense of burning in the throat and sometimes in the stomach also" (*v*).

15. Nausea, vomiting and purging are occasionally observed. It seems probable that they are due to the irritant action of the drug upon the gastro-intestinal mucous membrane.

16. Lewin (p. 169) speaks of a few cases in which icterus has been attributed to the use of chloral hydrate; while a deficiency of bile in the whitish stools, and the presence of bile elements in the urine is sometimes noticed as a result of the chloral habit (*w*). Stillé and Maisch (p. 396) mention yellowness of conjunctivae as occasionally caused by the chloral habit.

17. This quickening of the pulse may possibly be due to lessened blood-pressure caused by vaso-motor paresis and by a weakening of the heart's action (*x*). There may be a question as to whether it is not partly due to a direct stimulation by the drug of motor ganglia in the heart (*y*).

18. This slowness and feebleness of the pulse seem to be the most characteristic effects of the drug upon the circulation. Brunton (p. 792) says: "The slowing of the pulse is not due to any action of the drug upon the vagus, for it occurs after section of the vagi, or after the previous administration of nicotine, atropine, or curare. The weakening and final stoppage of the heart appears to be due to paralysis of the cardiac ganglia, as the heart still continues to contract when its muscular substance is irritated directly." Brunton's statement here—that "the slowing of the pulse is not due to any action of the drug upon the vagus, for it occurs after section of the vagi"—seems inconsistent with his (p. 317) classifying chloral hydrate among drugs which effect a stimulation of the vagus center, "evidenced by slowing of the pulse, disappearing on section of the vagi."

19. The modification of the respiratory movements is believed to be largely due to the action of the drug directly upon the respiratory center in the medulla oblongata. Death from chloral hydrate often seems wholly or partly due to failure of respiration. Death sometimes seems partly due to arrest of the heart (*z*).

20. A person in whom chloral hydrate has caused coma and sterterous breathing may somewhat resemble one poisoned with opium. It likely would be possible to rouse the chloral patient, but impossible to rouse the opium patient (*aa*). See 11 above.

21. Lewin (p. 168) speaks of one writer who, "after about one gram (gr. xv) of chloral, observed spasmodic breathing with irregular action of the heart."

22. Lewin (p. 168) says: "Marsh states that after an ordinary dose of chloral he has found changes in the mucous membrane of the respiratory apparatus, as shown by the occurrence of acute bronchitis."

23. Albuminuria is a recognized effect of chronic poisoning by the drug (*ee*). Wharton and Stillé (vol. II, p. 399) say, "The first symptom of danger, after the continued *abuse* of this drug, is a peculiar rash resembling in some particulars that of scarlatina or roseola. This may be followed by desquamation of the cuticle, and is generally, perhaps invariably, accompanied by albuminuria." This suggests that the drug might cure some patients of scarlatina. Brunton (p. 791) says: "Anhydrous chloral applied to the skin is absorbed and converted in the organism into chloral hydrate. When thus applied it sometimes occasions hæmoglobinuria and nephritis." I fancy that the experiments upon which this statement rests were made upon one or another of the lower animals. See 24.

24. Chloral hydrate might in some cases be promising as a curative remedy for diabetic patients. Phillips (p. 966) cites Brown-Sequard to the effect that anhydrous chloral applied to the skin of animals induces diabetes. On p. 968 he says: "The glycosuria induced by puncture of the floor of the fourth ventricle may be prevented by previous administration of chloral (Echhard)." Ringer (p. 379) denies that the urine of chloralized animals contains sugar, but says: "Echhard finds that chloral prevents the appearance of sugar in the urine after the diabetic puncture of the floor of the fourth ventricle. Even after severe injury to the vermiform process diabetes was absent. Chloral hydrate also prevents the diabetes inducible in animals by reflex action, as irritation of the central end of a cut vagus." Hare (p. 113) says: "When chloral is taken the urine will often give Fehling's test for sugar."

25. A good account of skin eruptions which may be caused by the long-continued administration of this drug is given by Lewin. One theory attributes them partly to paralysis of the vasomotor nerves (*ff*); another theory is that the drug produces these eruptions while being eliminated through the skin. A theory analogous to this last is offered in explanation of the affections of the kidneys, and might be offered in regard to the production of acute bronchitis; for it is probable that the drug is eliminated chiefly through the kidneys, partly through the skin, and partly through the lungs. A part of the drug may be eliminated in the form of chloral—a part in some other form (*gg*). As authority for the eruptions which I mention I refer to Lewin, Brunton, Phillips, Taylor, H. C. Wood, Stillè and others.

26. H. C. Wood (p. 344) says: "In a third group of cases, petechiæ, ecchymoses, ulcerations, and even high fever and other pyæmic symptoms, are asserted to have been produced by the continuous use of chloral. It seems to me, however, very doubtful whether the drug really was the cause of the symptoms which have been recorded by Crichton Brown, by Monkton, and by Kirn." See Hare p. 113, and Phillips 969.

27. See above in this lecture the account of acute poisoning by chloral hydrate.

THERAPY.

I have told you of some non-homœopathic practices with chloral hydrate, and of some dangers to be borne in mind if you give the drug in amount sufficient to induce its pathogenetic effects. For suggestion as to its administration as homœopathic (further than the general statement *give it when indicated*) I refer you to various homœopathists who have written upon the drug.

For the relief of a patient acutely poisoned with chloral hydrate, emetics or the stomach pump might be indicated. If the slightest degree of anæsthesia, stupor or motor paralysis had appeared, apomorphine as an emetic would be distinctly contraindicated. Stimulants might be useful. Artificial heat would likely be indicated by the lowering of temperature often so marked and sometimes extreme, in these cases. (See above account of acute poisoning). Strychnine and atropine have been recommended as useful in these cases. Strychnine I certainly should not use (*ii*). If I used atropine, it would be very cautiously with a view to hastening the respiratory movements: I question whether I should use it at all.

REFERENCES.

(*a*) Brunton's Pharmacology, Therapeutics and Materia Medica (adapted to U. S. P. by F. H. Williams); third edition, p. 791.

(b) Stillé and Maisch's National Dispensatory (1880), p. 398.
(c) C. D. F. Phillips' Materia Medica and Therapeutics (1886), p. 965; also Stillé and Maisch, p. 395.
(d) Reese's Medical Jurisprudence and Toxicology (1884), p. 350.
(e) Stillé and Maisch, p. 396; also Farquharson's Therapeutics and Materia Medica (adapted to U. S. P. by F. Woodbury) (1879), p. 198; also S. O. L. Potter's Materia Medica, Pharmacy and Therapeutics (1887), p. 136; also Stillé's Therapeutics and Materia Medica, fourth edition, Vol. II, p. 150.
(f) Potter, p. 136.
(g) B. W. Richardson as quoted in Wharton and Stillé's Medical Jurisprudence, fourth edition, Vol. II, p. 400.
(h) See Bartholow's Materia Medica and Therapeutics, seventh edition, p. 566; also Ringer's Handbook of Therapeutics, eleventh edition, p. 378; also C. D. F. Phillips, p. 977; also S. O. L. Potter, p. 136.
(i) Brunton, p. 793.
(j) See Stillé, Vol. II, pp. 150-1; Phillips, p. 967; H. C. Wood's Therapeutics, Materia Medica and Toxicology, third edition, p. 335.
(k) Phillips, p. 967; also Hare's Practical Therapeutics (1890), p. 112.
(l) See Ringer, p. 376.
(m.) See Brunton, pp. 202, 204.
(n) See Brunton, p. 792; also Biddle's Materia Medica and Therapeutics, eleventh edition, p. 284.
(o) Taylor's Treatise on Poisons. Third American edition, pp. 616–7.
(p) Lewin's book on the Incidental Effects of Drugs. Translated by W. T. Alexander, (1882), p. 171.
(q) See Stillé, Vol. II. p. 149.
(r) See Phillips, p. 969, and Lewin, p. 171.
(s) See Cyclopædia of Drug Pathogenesy. Part V, p. 154.
(t) Taylor, p. 616; also Hare, p. 113.
(u) See Stillé, Vol. II, p. 150.
(v) Stillé and Maisch, p. 395.
(w) See Bartholow, p. 566; also Ringer, p. 379; also S. O. L. Potter, p. 137.
(x) See Brunton, p. 792; also Phillips, p. 967.
(y) See Brunton, p. 316.
(z) Phillips, p. 967; also Brunton, p. 241. Hare, 113.
(aa) See Wharton and Stillé, p. 399.
(bb) Taylor, p. 616.
(cc) Lewin, p. 168.
(dd) See Biddle, p. 284. Potter, p. 137.
(ee) See Stillé, Vol, II, p. 151; also Bartholow, p. 566; also Hare, p. 113.
(ff) See Lewin, pp. 171–2.
(gg) See Hare, p. 113.
(hh) See Lewin, p. 169.
(ii) See Wharton and Stillé (Vol. II, p. 399).

THE REMEDY.

BY WILSON A. SMITH, M. D.
MORGAN PARK, ILL.

STANDING at the bedside of a patient, with symptoms noted, pulse counted, temperature taken, diagnosis arrived at, there is one thing yet to complete the picture, and that is *the remedy*.

I wish to emphasize this by stating it in this way: Given, a case—symptoms, pulse, respiration, temperature, all in your mind, one thing needed is not *a* remedy, but *the* remedy; and *the* remedy should stand at the head of the list.

It matters little as to the diagnosis, whether t is measles or mumps, peritonitis or pleurisy, cholera or colic, so that I can find *the* remedy which is the similimum of the symptoms. Pathological prescribing is well enough if it is the *similimum;* and it is wrong if it fail of being such. Take, for instance, gastritis—inflammation of the stomach—Arsenicum; hepatization of the lung—Bryonia; typhoid fever—Muriatic acid; and so through all the ills, and if Arsenicum is indicated, it is all right; and so with the others.

But you strike a case that Arsenicum will not touch; Bryonia fails, and Muriatic acid is useless. Then what? Why, homœopathy, pure and simple.

There is no use in trying to find a royal road for prescribing by taking a pathological by-path. You may succeed for awhile, but eventually there will be an end to the success.

The following clinical case is offered in evidence to substantiate the position taken, and one in which we all can learn a lesson. The patient was and is the writer's better half. Mrs. S., aged 34 years, was delivered of a fine boy on Friday, Nov. 16, 1888. Through some one's carelessness, or from some unavoidable circumstance, the patient had puerperal sepsis, and was sick in bed for eight or nine weeks. During her confinement to bed hypostatic congestion of the lower lobe of the left lung occurred, and did not improve on her slowly getting about again. March 1st residence was taken in the Windsor Hotel, and during that time she took a fresh cold, which added a very distressing cough to the remaining symptoms of sepsis.

She did not improve during her residence there, and in a couple of months was moved into the country. At that time her symptoms were as follows:

Easily chilled; fever recurring in the evening, with sweat toward morning; respiration from 22 to 32 per minute; cough excited by lying down or inspiration, worse in the evening; despondent and fearful of her condition; would often weep over her physical state, and had no hopes of recovering; bitter taste in the mouth; sputum yellowish, thick, and sometimes of a salty taste; at other times, "nasty."

Diagnosis: Incipient phthisis. Patient was with me at Lake Minnetonka, and was seen by several eminent physicians there. The remedy prescribed by a leading physician of New York and of Illinois, was Pulsatilla, but the patient failed to improve. At the suggestion of Dr. H. P. Skiles I tried the orificial plan of treatment, and the patient was benefited so far as the respiration was concerned, but the cough still remained. Her weight was 92 lbs. and was gradually decreasing. Coming to the conclusion that *the* remedy had not been selected that covered the symptoms, a careful review of the case led me to select Rumex crispus.

And now comes the sequel. The patient took

five or six doses of the remedy, and her cough stopped as if by magic. The patient is living to-day, enjoying a fair degree of health, owing to the exhibition of *the* remedy instead of a remedy that was tolerably well indicated. Her expansion is now nearly three inches, and her weight 107 lbs. Her normal weight is about 104.

Sarah J., aged 55, brunette, has suffered from dymenorrhœa for several years. For several days preceding the flow the breasts become filled, hard and tender to the touch. Pain occurs only the first day; after the flow is fully established the pain ceases; is depressed and sad, although formerly was of a cheerful disposition; vertigo, especially on lying down.

Calcarea, Conium, and Sanguinaria, all leave soreness of the breasts at the time of the menses. The vertigo decided the claim of Conium, and a few doses of the 30x were given. Since that time I have heard no complaint of the trouble, although more than five years have elapsed.

Birdie S., aged 8, came to my office in the spring of 1880 complaining of the following symptoms: Chill in the afternoon, about 4 o'clock. Before the chill commences a hacking, dry cough will come on, which lasts until the appearance of the fever, when it ceases; is restless, and seems to feel better from moving about. Pulsatilla, Lachesis, Lycopodium, Rhus tox. and several other remedies have an afternoon aggravation, but none have the characteristic cough, ceasing when the fever is on, except Rhus tox.

Now this was back in the days when I was a firm believer in quinine as the remedy for intermittent fever, and the temptation was great to give it. The mother of the little patient, even, added to the temptation to give it by saying, "It's nothing but the shakes, and I suppose we will have to give her quinine." I felt like saying, "Yes, we'll open her bowels and then give her a few doses." But I have always been thankful that I did not. Her symptoms were peculiar, and I made up my mind that it was a good plan to try the homœopathic remedy, which was Rhus. It was given, and the patient never had another chill.

These cases taught me a lesson I hope never to forget. You have heard the advice, "When homœopathy fails, try something else." That is all right. But homœopathy never fails. *We* do, often, but that does not affect the validity of our law of selecting the remedy.

The keynote of this paper is: Study your materia medica, give *the* remedy, and homœopathy will never fail.

A manufacturer has produced thread from the common nettle so fine that sixty miles of it weigh only 2½ pounds.

COSMETICS.

By W. A. KALER, M. D.

CHICAGO.

[Read before the Chicago Academy of Homœopathic Physicians and Surgeons.]

IT is not my purpose to discuss the entire field of what might be classed under the head of cosmetics, but to take up three of the more common and annoying disfigurements of the human face, and present their pathology and treatment. I hope that nothing contained in this paper is new to any member of this society, for I believe that every pathological and therapeutic hint contained in it is as well established as any fact in the sciences of pathology and therapeutics. When we reflect that there are millions of dollars spent annually in this country alone for proprietary cosmetics, many of them, no doubt, useful in certain cases, some of them harmless, but many more positively deleterious, and that fortunes are made in a year by the proprietors of such well advertised preparations as Recamier Cream, we must admit that there is a vast field here for legitimate therapeutics which at present is almost wholly occupied by the nostrum sellers. In consideration of this fact I am led to believe that the subject I have chosen for this paper is not unworthy of the consideration of the members of this society. I have not the least doubt that much or most of this business can be diverted into its legitimate channels if physicians will but give the subject the attention which by its importance it deserves. I aver that with the vast majority of physicians comedones, acne and freckles, *per se*, are considered as unworthy of serious professional attention, and that when they do receive attention they are considered as symptoms and not as lesions. Is it any wonder, then, that this class of patients so rarely consult their family physician, but almost invariably resort to the cosmetics of the shops, and to the much advertised "Sarsaparillas" and other nostrums which are warranted to "purify the blood"? If, after the persistent use of these for weeks, or months, or perhaps years, improvement or recovery does not follow, they fall into the hands of the dermatologist or advertising specialist. It is well known that comedo, acne and freckles are most common in the young, and so annoying are they to society young ladies and young men, and those about to enter society, that the physician who treats them with the consideration and intelligent skill which is expected of him in other diseases will reap a rich harvest of good will from the rising generation, which is better than gold.

I shall consider comedo and acne together, because they are so closely related pathologically and clinically. Unna, as quoted in the "Annual of the Universal Medical Sciences," for 1889, di-

vides the acne process into two parts—(1) closure of the sebaceous follicle and formation of comedo; (2) suppuration.

In comedo the corneous layer becomes thickened and closes the mouth of the follicle. Suppuration only occurs in those follicles where the *staphylococcus aureus et albus* has penetrated before the comedo formed.

The disturbances of the circulatory equilibrium and the nutritive changes incident to puberty—any disturbance of the general health or interference with the normal functions of the skin—all these are predisposing etiological factors, but the essential pathological condition is, in comedo, a sebaceous follicle full of its own secretion, which cannot escape because its mouth is closed; and in acne the same state of affairs plus disease germs, which have induced inflammation and pus formation.

The treatment is obvious. Comedo must be removed by the comedo extractor, a watch-key, or similar instrument; and acne by opening with some small, sharp-pointed instrument and compression. All this patients can do, and usually are in the habit of doing, for themselves, and is of minor importance compared with:

Prophylaxis.—To prevent the formation of new comedones and new pimples is the all-important thing in treatment, and the method of doing this is as simple and effective as it is rational. It consists in inducing and maintaining perfect aseptic cleanliness. All powders, creams, ointments, etc., must be strictly prohibited, because they are uncleanly and close the mouths of the follicles; for the same reason all inspissated sebum and dead epithelium must be removed by frequent washing with warm water and soap and careful rubbing with a towel; then, to kill the germs of the disease and make the face surgically clean it must be sponged two or three times a day with a solution of the bichloride of mercury of the strength of about 1 to 2,000. This simple treatment has cured some of the worst cases of acne, and I believe that if carefully pursued it must and will cure any case regardless of the age of the patient, or the condition of his general health.

Lentigo, or freckle, consists of a circumscribed deposit of pigment granules in the rete-mucosum—merely a localized increase of the normal pigment (Stelwagen), and hitherto it has been treated mainly by the local application of the ointment of the oleate of copper and of strong solutions of the bichloride of mercury, which as bleaching agents have not been remarkably successful. Peroxide of hydrogen, that greatest of bleaching agents, has been used for years for removing the coloring matter from the hair, and thus converting brunettes into blondes, but it has never until recently been successfully used for bleaching the skin, because of the difficulty of applying it continuously for a sufficient length of time to enable it to penetrate the corneous layer. This difficulty has now been overcome by the introduction of lanolin as a base for ointments. By means of lanolin an ointment can be made containing fifty per cent of the 15-volume solution of the peroxide of hydrogen, which is strong enough to remove the most unsightly freckle in a single night, and has the advantage of being perfectly harmless. For obvious reasons care must be taken, however not to apply it to the eyebrows or eyelashes.

To epitomize:—

(*a*) The best cosmetic is perfect aseptic cleanliness.

(*b*) In the presence of sepsis antiseptic agents are necessary to restore and maintain an aseptic condition.

(*c*) The best bleaching agent for removing freckles and discolorations of the skin is peroxide of hydrogen in the form of an ointment with lanolin as a base.

TREATMENT OF CROUP.

By E. W. BOARDMAN, M. D,
PARSONS, KAN.

THE season when the croupy cough summons the drowsy doctor from the embrace of Morpheus is at hand, and it is well to have every resource at command in dealing with this frightful malady. Here are a few measures that may be added to the usual medication, all of which are recommended on the best of authority, being culled from acknowledged standard works.

When first called, order a cold wet bandage to be applied to the throat, and well covered with four or five thicknesses of flannel. Dr. Holcombe attributes his good success largely to this measure, which he invariably insists upon. Carefully change and cover the compress every fifteen minutes. Keep the atmosphere saturated with steam and the temperature of the room at 90°. Several eminent authors very highly recommend this measure: Iodine, Bromine, Kali bichrom. Turpentine, or Tar, may be added to the boiling water, and their fumes inhaled with the steam. Boiling limewater with a little bicarbonate of soda added, gives rise to alkaline fumes which will assist in softening the membrane.

Glycerine and whisky, equal parts, may be given to loosen the cough.

Emetics, if ever useful, are only so after the membrane is loosened, to assist in getting it up. Ipecac is the safest emetic. Hive syrup is injurious as it contains Tartar emetic, which may give rise to pneumonia. Chloroform water, consisting of ten drops of chloroform to one ounce

of water with a little glycerine added to dissolve the chloroform, relieves the dyspnœa, given in teaspoonful doses every two hours has relieved when everything else seemed to fail.

Raue says Acetic acid, ten drops in half a glass of water, with a little sugar given in teaspoonful doses, every two hours, has relieved when everything else seemed to fail.

The diet during the whole attack must be fluid, but highly concentrated and nutritious. Avoid all solid food, giving only broths, milk, beef-tea, wine, and the like.

For remedies, Teste relies wholly on Bryonia and Ipecac alternated every fifteen minutes. Bœninghausen's five powders were famous in their day, and were as follows: Nos. 1 and 2, Aconite, 200; Nos. 3 and 5, Hepar Sulph., 200; No. 4, Spongia, 200, to be given from one to twelve hours apart, according to needs.

Dr. Hughes says: "Whatever remedy you choose, I recommend you to alternate it with Aconite." His choice of remedies in non-membranous croup are Aconite and Spongia. In membranous croup, Iodine, Bromine and Kali bichromicum. Tarbell says, "Aconite is always to be given first."

Following are characteristic indications of five remedies probably most frequently called for:

Aconite. Attack comes in evening, after first sleep, preceded by restlessness, quick pulse, and dry skin. The patient rouses from sleep with restless, impatient movements, tosses from side to aide, cannot be calmed; cries as if from sore throat, followed immediately by shrill, barking cough. Cough frequent, *following every expiratory effort, but absent during inspiration.*

Spongia. Hollow cough with expectoration, and pain in the chest and trachea; breathing as if a plug were in the throat; panting; larynx painful; worse when touched; scratching, burning, constrictive pain in the larynx. Eyes sunken; urine deposits thick, grayish-white sediment; pulse hard and quick. Drowsiness and lassitude; everything puts him out of humor, even talking and answering questions. Sawing sound with inspiration.

Hepar Sulph. Violent fits of coughing, as if he would suffocate or vomit. Constrictive feeling as if he should be suffocated. Sensation as if a fishbone in the throat, and stitching pain from ear to ear when swallowing.

Iodine. Dry, short, hacking cough, voice becomes deeper and deeper; torpor; wheezing in the throat and drawing pain in the chest. The child grasps at the throat. Discharge of hardened mucus.

Kali Bich. Symptoms come on gradually and insidiously; at first, only slight difficulty in breathing, with mouth closed; difficulty increases with air passing the larynx with a shrill, whistling sound. Cough not frequent, but hoarse, dry and metallic Head bent backward; breath offensive; prostration and stupor.

NAPTHALIN IN WHOOPING-COUGH.

By W. E. HATHAWAY, M. D.
MARYVILLE, TENN.

If there are any readers of The Era, who have overlooked the virtue of this remedy in whooping-cough, it may be that this note will lead them to give it a trial. They would do so, I am sure, if they could realize the happy results that I have experienced, and the many thanks of gratified parents who have found the dreaded cough robbed of its most disagreeable features, and shortened in its course to a mere ephemeral trouble. There may be some advantage of climate of which I have here enjoyed the benefit that others, not so favorably located, will not realize; but that cannot alone account for the results obtained. I see and hear children coughing, as I have heard some say, "fit to kill," and I saw and realized some of the worst features of whooping-cough in members of my own family, since living in this place, and before I learned to employ Napthalin in this disease. Since that time my whooping-cough cases, as the mothers say, "amount to nothing." "But if they amount to nothing," to them, it is not so with me. They amount to an increasing number, and there follows a broad line of distinction between my practice and that of my competitors.

And right here I want to say a word to any who might pause or neglect to use this remedy because, forsooth, it isn't homœopathic. I am not sure as to that, but supposing it is not, neither is Sulphur homœopathic to the itch insect but it will kill it all the same. And it may be it is homœopathic also to the irritation which the parasite causes. One thing seems pretty certain to me, *i. e.*: That Napthalin is capable of cutting short the process, whatever it is, by which whooping-cough entrenches itself in the mucous membrane and keeps up the irritation upon which all its phenomena depend, leaving but little for the properly selected homœopathic remedy to do to clear up the case.

The homœopathic remedy I always exhibit without reference to the Napthalin, and neither seems to do as well without the other.

For young children medicate discs with a saturated alcoholic solution of Naphthalin and direct that two or three of these be given every two or four hours. For older children and adults I give from half to one-quarter of the crystals of Napthalin at a dose every two or four hours.

I have not yet had a case of whooping-cough that doesn't seem to subside as if by magic under this treatment, and it seems worthy of more extended use than I suppose it has received.

IN-GROWN TOE-NAIL.

By J. C. TRITCH, M. D.
FINDLAY, O.

VERY few affections are more common than this at times very distressing and painful one. A great many methods have been devised for its cure and amelioration with what results every physician knows.

I have a method of treating this class of cases, which has been quite successful in my hands and I shall be repaid for my trouble if my brother physicians can make use of it to their advantage as well as that of their patients.

My observations embrace a number of cases treated after the manner following:

The whole foot is thoroughly washed, soaked and scrubbed with water, soap and brush and afterward soaked for 15 minutes in a 1:1000 sublimate solution.

The affected side of the toe is then sprayed with the following:

℞. Chloroform.....10 parts;
Stronger ether.....15 parts;
Menthol.....1 part.

Complete anæsthesia of the parts is secured for the period of from two to six minutes, ample time for the performance and completion of the operation except the tying of the sutures. With a small scalpel make an incision one-fourth of an inch deep in healthy tissue, along the affected side of the nail, parallel with and one eighth of an inch from the edge of the over-lapping tissues and extending back as far as the upper border of the root of the nail and a little farther forward than would be required to uncover the corner of the nail.

Then make the second incision beginning at the upper end of the first incision (if you are operating on the left foot) make a semi-circular incision downward and terminating at the lower end of the first incision thus removing all the tissue between them to the depth of one-fourth of an inch. Hurriedly but carefully introduce four silk sutures and wait for hemorrhage to cease before tying them. If pain should be felt at any time a little additional spraying with the anæsthetic will soon enable you to proceed.

The tying of the sutures draws the over-lapping edge away from the nail. A little sublimate cotton should be worked under the corner of the nail and the whole toe dressed with an antiseptic dressing.

Remove sutures on the sixth day.

I urge the importance afterward of wearing cotton under the corner of the nail for four or five weeks. I have never had a case recur treated in this manner, which is more than can be said of the older methods.

OPINIONS EXPRESSED.

The demonstration of the bacterial nature of cholera seems to be complete.—*Dr. G. H. Rohe.*

Of the two conditions I think there is less danger in too little bathing of infants than in too much.—*Dr. Brush.*

A nation could expend millions of dollars in no better way than in furthering the work of scientists.—*Huxley.*

Whoever is not a good minister of state, a good general or a good physician at thirty will never be one.—*Paolo Montegazza.*

In the administration of remedies I have tried to find some law in the old-school, but it all amounts to empiricism.—*Dr. S. R. Snow.*

With regard to the causation of stammering I regret, for the sake of humanity to have to say that cruelty is among the commonest.—*Dr. Edward T. Blake.*

Bantock and Tait, by washing blood clots from the abdominal cavity and using drainage tubes, were practicing antisepsis and not asepsis.—*Sir Joseph Lister.*

The anti-tuberculous effects of iodoform have been proved many times. The reason why iodoform fails to exhibit this power when applied to open ulcerated surfaces is attributable to the fact that prolonged contact of the drug is necessary.—*Dr. Bruns.*

The use of carbolic acid is more limited in surgery than before. It may not only cause inflammation and gangrene; it may kill by blood poisoning. I dissuade most emphatically the application of it without the prescription of a physician.—*Billroth.*

Health and physical integrity in all higher animals depend upon receiving regular supplies of appropriate nourishment, and physical degeneration rapidly results when the food is given irregularly, and is not suitable for assimilation. Man is no exception to this rule.—*Dr. Frank Woodbury.*

I know there is a section of the homœopathic school who in writing denounce all who swerve in the slightest degree from what they consider Hahnemannic principles, and who bestow upon those who differ from them the polite epithets of "mongrels," "bastard homœopaths," "Hendersonians," etc. But it seems to me that these gentlemen have departed still farther from Hahnemann's teachings than those they revile. —*Dr. R. E. Dudgeon.*

SURGICAL NOTES.

The treatment of burns with iodoform-gauze rapidly relieves the pain and prevents the formation of irregular and contracting scars. It has besides the advantage, if properly employed, of not necessitating the removal of the dressings for one or two weeks. No toxic effects need be apprehended from absorption of the iodoform.

The majority of surgeons admit that rib fracture from muscular action does occur. In these cases there is some condition present which renders the ribs fragile. Any condition which lowers the normal resistance of the bone-structure, like osteomalacia, rickets, cancer, syphilis, scrofula, senility, insanity, atrophy from continuous confinement, predisposes to fracture.—*Dr. Tunis.*

The aseptic method is based upon the experience that only in a very few cases are wounds infected through the medium of the air. The dust, which settles from the air and which contains the noxious germs, comes in contact with the open wound for but a very short time, and as a rule, therefore, has no harmful effect. Moreover, the surface of the wound can be further protected from atmospheric impurities by being kept covered with compresses so far as the operation allows.

To remove warts by electrolysis introduce the needle electrodes through the base of the wart in such manner that they emerge on the opposite sides, without coming in contact. During the passage of the current the wart is kept moist with lukewarm salt solution. The wart becomes white, pale, then blackish and soft in the course of two to five minutes, when the needles are withdrawn. After the operation the wart shrivels up, and falls off in form of a hard, black body, under which the skin is slightly reddened.

In a discussion which took place before the Royal Academy of Ireland on the operation of cataract extraction, Mr. Story spoke of the importance of antiseptic precautions. He washes the eye with a solution of hydronaphthol and boils the instruments in the same solution. Mr. Fitzgerald reported twenty-six cases of cataract extraction without iridectomy in hospital practice and fifty-six in private practice, and had never observed suppuration. He does not boil the instruments, which is very destructive to them, at least to the handles, and employs hydronaphthol, and a dressing of moist bichloride lint, absorbent cotton and oiled silk protection.

In Compound Dislocations of the ankle joint:—

1. Irrigation and excision are not always necessary, even when bones protrude.
2. Immobilization of the limb is of prime importance; the Levis splint in connection with fracture box and swing are probably the best means we have of accomplishing this in the first stage of treatment, and later the plaster dressing has no equal.
3. Antiseptic measures should be used throughout.

Hot applications in hemorrhoids are followed by excellent results in the treatment of pain, itching, tenesmus, and sphincter contraction resulting from hemorrhoidal turgescence. Thrice or four times daily after each stool or attempt at defæcation the patient must apply on the anal region a sponge soaked in hot water (122° to 140°). This should be repeated five or six times in succession at each application until the anal region is decidedly heated. The parts should then be dried with a fine towel without friction. At the end of twenty-four hours the condition of the patient is improved, and the hemorrhoid diminished. A month's treatment causes the complete disappearance of the hemorrhoid.

In a case of caries of the lower dorsal spine, death followed a rupture of a psoas abscess into the right pleural cavity. The patient was seven years old, and the disease had existed four months. The disease was located at the tenth, eleventh and twelfth dorsal vertebræ, and a psoas abscess existed on the right side. The abscess had been aspirated, washed out and injected with iodoform emulsion; it had refilled and had been opened in the loin for drainage. After death it was found to have opened into the right pleural cavity. The case is not only interesting from the rarity of these abscesses opening into the pleural cavity, but also because abscesses from carious vertebræ above the diaphragm rarely are found passing down along the course of the psoas muscle.—*Lancet.*

In a paper on intestinal obstruction Dr. Keene insists on the necessity for earlier surgical interference than has usually been practiced, especially in country districts. Dr. Richardson summarizes his views on this subject as follows:

1. In all cases the use of milder measures,

such as purgatives, enemata and massage, may be safely carried out until the supervention of fæcal vomiting. 2. As soon as this is established an exploratory incision into the abdomen should be made without delay. 3. Obscurity of diagnosis in presence of this symptom ought not to stand in the way of an operation. 4. Clinical experience has taught that there is very little chance of recovery when once stercoraceous vomiting has begun, unless an operation be performed. 5. Symptoms of collapse are not a contra-indication to operative interference.

This is the speediest method of cleansing the hands, consistent with security:

1. The nails are to be cleansed dry (scraped or rubbed) from all visible dirt.
2. The hands are to be thoroughly scrubbed with a brush for a minute and a half in hot water and soap, special attention being paid to the edges of the nails.
3. They are then to be washed for one minute in alcohol (not under 80 per cent.) and then before drying
4. They are to be put into the disinfecting solution, 2 per cent sublimate or 2 per cent carbolic solution, and here to be thoroughly cleansed for another minute.

Claims for this method (1) Certainty of disinfection. (2) Saving of time. (3) Saving of the hands. (4) Smaller expense of the sublimate.

One-half of the primary wounds, under the present methods, are dressed aseptically at the time of operation, and then only become infected at the re-dressing. Operators under excitement are inclined to drop into careless habits, and proceed somewhat after the following fashion: They call for a questionable basin, and dropping into it an indefinite amount of carbolic acid, proceed to remove the dressings without any such formalities as we were satisfied were essential at first. Here is where the fallacy lies to-day. Too great carelessness at the re-dressing permits infection and encourages the skeptical in the belief that there is nothing in the principles of aseptic surgery. Before the old dressing is removed a stream of 1 to 1,000 should be ready and playing on the inner layer of gauze as it is being removed, and during the time of exposure of the wound. Having rendered the parts clean, they can best be kept so by providing, in addition to the regular dressing, a heavy dressing of absorbent cotton, not with the idea of catching discharge, but with the object of filtering the atmosphere which is to gain access to the wound through the dressings.—*Dr. L. M. McArthur.*

SELECTIONS.

A Story With a Moral.

There was once a rich woman who discovered that she was about to become a mother. She did not wish to become a mother, for to do so would put her to some inconvenience, and for a short time interfere with her pleasure. So she sent for her physician, who was very noted and respectable. As a result of preventing her from becoming a mother she died. The doctor certified that she died from peritonitis. Her remains were prepared for burial by a fashionable funeral director. Her sermon was preached by a fashionable clergyman. The fashionable doctor attended the funeral. Everybody mourned the death of the estimable Christian woman. Everybody was satisfied. "Because," said they, "whatever a rich woman, a noted doctor, a fashionable undertaker, and a swell clergyman do is all right."

There was once a poor cigarette girl named Annie Goodwin, who discovered that she was about to become a mother. She did not wish to become a mother, for to do so would prevent her from ever making a living except by a life of shame. So she sent for a doctor named McGonigal. As a result of preventing her from becoming a mother she died. The doctor certified that she died from peritonitis. Her remains were prepared for burial by an undertaker named Merritt. She had no funeral sermon but was buried secretly. The police heard of it and arrested the doctor, the undertaker, the woman in whose house the cigarette girl died, a little boy, a girl friend of the dead woman, and the girl's lover. And everybody said it was horrible that so many persons should have conspired to murder the cigarette girl. They even wanted to lynch the doctor. "Because," said they, "unless such things are done by a rich woman, a noted doctor, a fashionable funeral director, and a swell clergyman, they are frightful crimes." —*Twentieth Century.*

Traumatic Sciatica Due to Spiculum of Bone.

The patient was chief mate of a sailing-vessel; soon after leaving St. Vincent the head of his left thigh bone was dislocated by a "derrick boom" falling upon him. An earnest but rough attempt was made by the crew, directed by the captain, to reduce the dislocation; this failed. A few days later reduction was effected under chloroform at a hospital on the Canary Islands. After the accident patient had suffered great pain in the thigh and leg in the course of the sciatic nerve and its subdivisions. This was endured for six months. When the patient came under Mr. Sutton's care an exploration of the great sacrosciatic foramen was made by an in-

cision through the buttock, the patient being placed in the position of a body when the gluteal region is being dissected. This position greatly facilitated the steps of the operation. A spiculum of bone, 15 mm. long, was found at the edge of the foramen, in such a position that its point was pressed into the nerve when the limb was extended. The spiculum was removed with bone forceps, the cut edges of the gluteus carefully sutured with gut, and the wound closed. Patient made a rapid recovery, lost all his pain, and in a few weeks resumed his occupation.—*Med. Press.*;

The Sexual Perversion of Hair-Cutting.

Dr. A. Motet, the well-known alienist, has reported to the *Societe de medecine legale*, as recorded in *Le Progres medical*, a case of unusual sexual perversion. A young man was arrested for attempting to cut off a young woman's hair. The police were led to make a search of the rooms occupied by the accused, and there found a considerable quantity of hair, the motive for the cutting off of which had been sexual and not mercenary in origin. It was subsequent to an attack of herpes intercostalis in 1886 that his erratic behavior began; he then for the first time began to to have the imperative propensity to cut off women's hair. So soon as the shears would touch the hair he had an erection, and the cutting off was followed by an ejaculation. It was found that his parents on both sides, had transmitted to him a marked neurotic tendency, but this had not prevented his acquiring his trade and becoming a skillful and intelligent artisan. He was adjudged insane and confined for a time in an asylum. He recovered under treatment and was set free from his peculiar perversion. He was enabled afterward to resume work at his trade.

[This contains a suggestion in the case of "Jack-the-Hair-Cutter," who has operated so extensively in Detroit. —Ed.]

In twelve cases (seven cases of parenchymatous mastitis and five cases of phlegmonous inflammation of the breast), this treatment prevented the formation of an abscess in all but four patients. The procedure is as follows: The breast is washed and covered with a piece of gauze, having an opening for the nipple; over this is placed another piece of gauze dipped in plaster-of-Paris, which should envelop the entire breast, and is held in place by a bandage which is renewed twice daily. Under this treatment the pain and fever disappeared rapidly. It is also indicated in cases where it is desired to arrest the secretion of milk, and, according to the author, the breast became soft and the flow of milk ceased in twenty-four hours after application of the dressing.

Hot Compresses in Surgery.

Hot compresses in chronic inflammations (adenitis, orchitis, epididymitis, anthritis), are much more efficient in producing absorption of inflammatory products, than tincture of iodine and other absorbefacients. Apply the compresses two or three times daily, for ten to fifteen minutes at a time. As they lose their heat rapidly, they should be renewed every minute or two, care being taken that the water in which they are dipped is kept at a uniform temperature of 40° -60° R. by the addition of hot water. The applications are only to be made in selected cases, and their use is to be suspended from time to time, for a paretic condition of the cutaneous nerves is readily produced by the hot water, and this would prevent the desired result. A too elevated temperature is also to be avoided on account of the danger of burns. The compresses are contra-indicated in the acute stages, and during exacerbations of the inflammation.—*Dr. J. Land.*

The Hot Wet Pack in the Treatment of Eclampsia.

Within the past six weeks there have been two very severe cases of eclampsia at the Maternity Hospital which, apparently beyond hope, yielded in an astonishing manner to the profuse diaphoresis following a hot wet pack, after other remedies, including venesection, had accomplished nothing.

In one case the convulsions came on in the second stage of labor, in the other after delivery. There were in both cases seven convulsions. Coma was in both instances profound, lasting, respectively, more than two and more than five hours. The ultimate recovery was in both women entirely satisfactory.

The pack was given by wringing out four blankets in hot water, surrounding each lower extremity, the trunk under the arms, and finally the trunk and arms, with the hot, moist blanket, first slipping under the patient a rubber sheet, and afterward tucking a couple of dry blankets over the whole, the head being kept cool by cloths dipped in ice water. The sweating thus induced was profuse, and no doubt carried off the greater part of the poison in the blood, which is in these cases the prime cause of the convulsions.

This plan of treatment is in accord with our present knowledge in regard to the etiology of eclampsia. There are poisons in the blood, the result of tissue activity in both fœtus and mother, which the kidneys, and probably other excretory organs fail to dispose of. The action of these substances is probably to induce spasmodic contraction of the cerebral arterioles, and thus to produce actute cerebral anæmia. Then comes the convulsion, with the determination

of blood to regions free from muscular pressure —the brain, the lungs, and other organs. A successful plan of treatment, therefore, must aim at evacuating as rapidly and in as large a quantity as possible the *materies morbi*. Drugs that lessen muscular action and dull nervous sensibility can be but temporary makeshifts until the more important object of treatment is attained. Chloroform is of course useful in the convulsive attack itself, and other drugs —as bromides and chloral, veratrum viride, and nitrite of amyl— are valuable adjuvants to the treatment, although they simply combat a symptom without reaching the root of the disorder. —*Dr. B. C. Hirst.*

The Value of Vegetable Food.

All vegetables have an effect on the chemistry of the body, so that we cannot speak too highly of their importance at the table. We will mention a few of these matters first, and dispose of this aspect of the subject, so as not to seem to mix pharmacopœia with the kitchen. Asparagus is a strong diuretic, and forms part of the cure for rheumatic patients at such health resorts as Aix-les-Bains. Sorrel is cooling, and forms the staple of that soupe aux herbes which a French lady will order for herself after a long and tiring journey. Carrots, as containing a quantity of sugar, are avoided by some people, while others complain of them as indigestible. With regard to the latter accusation, it may be remarked in passing, that it is the yellow core of the carrot that is difficult of digestion—the outer, a red layer, is tender enough. In Savoy, the peasants have recourse to an infusion of carrots as a specific for jaundice.

The large, sweet onion is very rich in those alkaline elements which counteract the poison of rheumatic gout. If slowly stewed in weak broth and eaten with a little pepper, it will be found to be an admirable article of diet for patients of studious and sedentary habits. The stalks of cauliflower have the same sort of value, only too often the stalk of a cauliflower is so ill-boiled and unpalatable that few persons would thank you for proposing to them to make part of their meal consist of so uninviting an article. Turnips, in the same way, are often thought to be indigestible, and better suited for cows and sheep than for delicate people; but here the fault lies with the cook quite as much as with the root. The cook boils the turnip badly, and then pours some butter over it, and the eater of such a dish is sure to be the worse for it. Try a better way. Half-boil your turnip, and cut it in slices like half-crowns. Butter a pie-dish, put in the slices, moisten with a little milk and weak broth, dust once with bread-crumbs and pepper and salt, and bake in the oven till it gains a bright, golden brown. This dish, which is the Piedmontese fashion of eating turnips, is quite unsuited to cows, and ought to be popular. What shall be said about our lettuces? The plant has a slight narcotic action, of which an old French woman, like a French doctor, well knows the value, and when properly cooked it is really very easy of digestion. But in our country, though lettuces are duly grown in every garden, you often hear the remark, "I can't eat a salad," and as few cooks know how to use the vegetable which has been refused in its raw state, the lettuces are all wasted, and so is the ground in which they are grown.—*The Annals of Hygiene.*

Sprains of the Ankle.

There are certain cases of persistent lameness which have been ascribed to sprains of the ankle, and treated as such with but temporary benefit. The lameness returns on the patient's resuming exercise.

In these cases the trouble is not in the ankle joint, but in the sheath of the tendon of the perineus longus muscle. This will be easily evidenced by pressure along the course of the tendon, between the external malleolus and the base of the metatarsal bone of the little toe. There is little, if any swelling; pain will also be experienced on forcibly abducting the foot. The differentiation from ankle sprain is comparatively easy, for here there is diffuse swelling about the joint, especially in front, and unusually severe pain on flexing and extending the foot. When the tendon and its synovial membrane are involved, a Dupuytren splint should be applied on the outer side, fixing the ankle and holding the foot in an abducted position. The tendon is thus relaxed, and pressure is taken from its canal. With rest and anodyne applications the inflammatory trouble will subside in a week or ten days. The patient must not now be allowed to walk around in an ordinary shoe. A number of plies of leather are to be applied on the outer side of the sole of the shoe, gradually thinning off toward the inner side of the foot, and relieving the tendon from pressure. Such a shoe should be worn for some time, and only restored to its original form by gradually removing one layer of leather at a time from the sole.—*Dr. D. H. Agnew.*

Dysmenorrhœa.

When a patient comes to me complaining of menstrual pain I ask her when this pain begins, and if she says it begins synchronously with the flow, and that the blood is discharged in clots, in that case I know the cause of that dysmenorrhœa is an obstruction to the free flow of the blood from the uterine

cavity. Whether that be due to a stenosis of the cervix or flexion of the uterus, physical examination alone will reveal. If it be due to stenosis the cervix will be found perfectly straight, the canal straight, but the mouth of the womb will be narrowed, and the os small. The flow is impeded by the narrowness of the canal.

In the treatment of this condition I do not trust to the use of dilators alone to widen the canal, but combine division of the cervix with dilatation of the canal. I overcome the resistance of the os internum with one sweep of the knife which the dilator will accomplish only after a long time. Besides being the quickest, it is also the most humane procedure from the patient's standpoint, because she experiences no pain from the operation, being etherized. In the operation for simple stenosis of the cervix, you take the urethrotome, make a small incision on the right side of the cervix and then another similar incision on the left side, till the sound passes into the uterine cavity with absolute freedom. Then taking the dilator (Sims' dilator is the one I use, for I find it the most practical one of all), I introduce it and dilate until the caliber of the cervical canal is about equal to half an inch or so. I then introduce the rubber stem to keep the canal open, leaving it in position for from six to seven days. The operation is not a bloody one in any sense, and is entirely free from risk.

In the treatment of anteflexion, where the cervix is elongated and the os in the direct axis of the vagina, I make an antero-posterior incision. I then introduce the urethrotome guided by my sound into the os internum and divide the firm band of tissue that forms at that point. When the sound glides in and out with freedom I know the operation has been completed, and then introduce the dilators. A rubber stem is next put in position to keep the canal open, and the new canal granulates around the stem, and in five or six days there is formed a cervix with a straight canal. After this is accomplished I introduce a self-retaining rubber stem, which is kept in position for from two weeks to three or four months, according to circumstances. Menstruation will take place as usual and the patient will have absolute freedom from pain, and together with this there will be a welcome relief from all the nervous symptoms that usually accompany these troubles.—*Dr. H. Marion Sims.*

The Feeding of the Insane.

Forcible feeding of the insane must be resorted to under a number of conditions when the patient refuses food as the result of a delusion, as in melancholia or paranoic cases, or when he is pugnacious and violent; or again in situations of very great exhaustion when there is more or less mental atony. In the first order of cases it is very important to note the form of mental derangement, for the refusal of some insane persons is due to a class of delusions which may be overcome by argument or by subterfuge, or rather by antagonizing their delusions and meeting their deranged logic by arguments that satisfy them. For example, a patient suffering from delusional insanity who believes that he can live forever without food, can sometimes be gotten to eat by convincing him that it is a divine command that he should at least take symbolic food. Various aids suggest themselves in particular cases. When I first commenced a series of experiments with the phonograph I was enabled on two occasions to use it to good effect. One of the patients was a very sincere and impressionable Irishman who had refused food for several days and no amount of persuasion could affect him. In the interval of his visits I prepared a divine command which was impressed upon the wax cylinder and couched in language that would appeal to a person of his intellectual capacity. The phonograph was placed behind a screen, and when he next came the instrument was put in operation. A sonorous sound was poured into his ears as the cylinder revolved, and he heard the message which hinted at all manner of punishment and an indefinite sojourn in purgatory as a penalty for his further refusing to eat; the experiment worked to a charm, and he took as much food as was given to him after he left my office until his improvement in cerebral nourishment resulted in the disappearance of his fancies. —*Dr. Hamilton.*

The Surgical Treatment of Pulmonary Abscess.

The patient, a little boy six years old, had pneumonia of the left lung, the whole of which by degrees became hepatized; a crisis occurred, and the temperature remained normal for some time. The posterior portion of the lung partially cleared, and the tubular breathing lessened, but the anterior part remained solid and the respiration tubular in character. In the fourth week hectic set in, the evening temperature rising to 103°, generally normal in the morning. The expectoration gradually became purulent, and moist sounds were audible. In the fifth week he suddenly expectorated about half a pint of pus. For some days he had complained of pain in a spot in the anterior axillary line between the fifth and sixth ribs. There was tenderness on pressure and apparently slight bulging, though the skin was not reddened, with hollow gurgling rales audible over it after the abscess had burst. I diagnosed pulmonary abscess, and determined to explore in

this situation. The physical signs for the days immediately preceding the operation were the following: The posterior portion of the chest was dull in patches, with comparatively clear spaces between them; respiratory murmur fair, with increased vocal resonance over the dull parts; coarse moist crepitations throughout. The anterior portion was absolutely dull, which did not alter on changing position; loud tubular breathing audible, and increased vocal resonance. There was no evidence of fluid in the pleura. On June 29th, being the second day after he had expectorated the large quantity of pus, the abscess having filled again, I operated. Under chloroform, and with antiseptic precautions, I pushed a fine trocar and canula slowly between the ribs, withdrawing the trocar twice to see if pus exuded. At the depth of a little over an inch I struck the abscess, the pleural surfaces being adherent; and using the canula as a guide, I made an incision about an inch and a half long parallel to the ribs; through this I then pushed a trachea director forceps, and opening it the pus flowed freely to the amount of about half a pint. When the abscess was empty air escaped with each expiration, and I then passed a bullet probe directly inward to the depth of four inches, to measure the length of the tube required to drain it. A flanged rubber one of this length was introduced and tied in with tapes round the body. Over the mouth of the tube I applied a dressing of wood-wool wadding covered with waterproof. Next day I found the dressing saturated with pus, but the cough and expectoration had ceased, and that evening the temperature was normal, and remained so. I dressed the wound daily. The discharge rapidly decreased, and finally became mucous in character. I shortened the tube gradually, and removed it on the tenth day, and the incision was closed on the twelfth. The lung quickly cleared, and by the time the tube was removed, the percussive sounds were normal. The boy recovered perfectly, and was running about in a fortnight from the time of the operation.—*Dr. F. W. Green in Lancet.*

Indications for Operative Treatment in Perityphlitis.

1. Strive by all possible means to differentiate clinically between the simple inflammatory and the purulent forms of perityphlitis. The serofibrinous exudations, which usually result from fæcal obstruction in the cæcum and colon, are generally reabsorbed in healthy persons, even if they are extensive, and do not require surgical interference. It is only in patients suffering from tuberculosis or acute or chronic intestinal diseases that these exudations may become purulent in consequence of perforation, and they then require very simple surgical procedures, as general peritonitis is extremely rare in these cases.

2. Purulent exudations, originating in the vermiform appendix, cannot be absorbed. In these cases the disease has been preceded, at greater or less intervals, by attacks of colicky pains in the ileo-cæcal region. The exudation, which is circumscribed and small at the beginning, is the result of gangrene and perforation of the appendix, and is of purulent or seropurulent character. The experienced and careful physician will usually be able to recognize these forms of purulent perityphlitis with certainty.

3. The more superficial a purulent perityphlitic exudation is situated, the earlier an operation is indicated, that is, within the first few days after the occurrence of the initial symptons. A simple incision is sufficient in most cases, owing to the presence of adhesions.

4. If, however, the exudation is small, indistinct and deeply-situated, we should perform the operation in two sittings, as early as possible after the beginning of the disease, especially if the resistance and dullness disappear on account of the increasing meteorism; for experience teaches that by proceeding in this manner we are able to discover again the purulent deposits, and lay them open without injury to the peritoneum and risk to the patient.

By this treatment, the operation is deprived of its dangers, and even in doubtful cases this procedure is a rational one. The surgical methods described above will enable us to avoid the uncertain results of a spontaneous cure, the dangerous recurrences, and the occurrence of fatal general peritonitis in apparently mild cases.—*Dr. Sonnenberg.*

Treatment of Orchitis.

Dr. Dugau, of Toulouse, vaunts the application of iodized cotton and compression in the treatment of orchitis. He applies the iodized cotton on the scrotum, maintained in place by the aid of a suspensory bandage, and thus immobilizes it and exercises on it a regular and continued compression. He observed that in a great number of cases where this method was employed the painful phenomena of orchitis yielded completely in from eight to twelve hours of treatment. Total cure was obtained on an average in from three to eight days, and the induration of the epididymis, which sometimes lasts a long time, had disappeared at the end of from fifteen to eighteen days. The author observes that this treatment no doubt acts by the compression, but it is also natural to admit that the slight revulsion produced on the scrotum

should be taken into account, as well as the properties eminently resolutive of the iodine.—*American Practitioner and News.*

Trendelenburg's Posture in Laparotomies.

The advantage of Trendelenburg's method of pelvic elevation in suprapubic operations upon the bladder has been generally recognized by surgeons. Dr. Leopold states that an experience of several years has convinced him of the value of this posture in intra-abdominal operations on females, for diseases of the uterus, ovaries and tubes. By elevating the pelvis the intestines are caused to gravitate toward the diaphragm, and the pelvic organs are thus rendered much more accessible to operative procedures. As is well known the protrusion of the intestines into the wound is frequently a source of delay and danger in laparotomies; they get in the way of the operator, and are apt to be wounded. Aside from this, the posture affords an excellent view of the pelvic viscera, enabling us to recognize the presence of adhesions between the uterus and rectum or bladder; to diagnose the different forms of salpingitis and ovarian disease, and to determine the relative position of the organs. In operations before a class of students, the latter are enabled to follow the different steps of the procedure much more readily than when the woman is in the ordinary position. It is often a source of disappointment to those witnessing a laparotomy that many of the details of the operation escape observation, but Dr. Leopold says that by the employment of this posture, many important points in the technique, such as the manner of ligating the pedicle and the application of the sutures can be noted.—*Int. Jour. Surgery.*

Treatment of Enlarged Bursæ and Ganglia.

In the June number of the *Practitioner* Mr. Bond states that he is strongly in favor of the treatment of enlarged bursæ in the neighborhood of joints by the radical method of excision of the whole or a large part of the cyst wall. In dealing with these swellings in the popliteal space, the incision must be made well down to the cyst wall before beginning any dissection. If this be done and the cyst well defined while tense and before it is opened, it can be isolated without difficulty. It is then best to lay it open and ascertain from within what extensions and communications it has; these must be dealt with, and then as much of the cyst wall removed as possible. In dressing the wound pressure should be applied with wool-dressing, and the limb bandaged in a semi-flexed position, so that the skin and soft parts fall together, and a tightly stretched scar is avoided. The same method may be extended to the enlarged bursæ over the olecranon and patella. As regards swellings in the sheaths of the tendons in relation to the wrist-joint, those simple ganglia which are too large to rupture are best treated by excision; an incision is made over the swelling, which is isolated as far as possible, it is then laid open and its prolongations defined; as much of the cyst-wall as can be isolated is then cut away, and the posterior portion lying over the wrist-joint is left. As a rule the wound heals by first intention. In cases of compound ganglia the operation is sometimes very complicated, the tendons being studded over with a velvety membrane and vascular fringes like the lining membrane of the cyst-walls. In these cases the tendons must be picked up separately and systematically cleansed, one by one; when this is done the wound should be stitched up, and as a rule good movement is obtained in a short time.

Ulceration of the Skin.

Ulceration of the skin occurs as a symptom in the following maladies:

1. *Dermatitis*, or simple inflammation of the skin.
2. *Syphilis*,
3. *Tuberculosis* and *Lupus*,
4. *Leprosy*,
5. *Actinomycosis*,
6. *Chancroid*,

(2–6) Or inflammation of the skin due to micro-organisms

7. *Carcinoma* and *Epithelioma*,
8. *Sarcoma*,

(7–8) Inflammation of the skin due to as yet unknown causes.

9. *Scurvy*, *Diabetes*, etc.—Inflammation of the skin due to conditions of general malnutrition.

A glance at the above list will satisfy us that the very first thing to do in the treatment of an ulcer is to diagnose its nature and its cause, and the reason for our frequent failure when we treat an ulcer simply as an ulcer is at once apparent.—*Dr. Wm. S. Gottheil.*

Etiological Treatment of Suppurative Tonsillitis.

1. The tonsils, like other lymphoid tissue, are blood-elaborating glands.

2. When acting normally, they also have power to prevent entrance of pathological organisms through the crypts by reason of large quantities of leucocytes contained.

3. When proliferation of interstitial elements results from inflammatory action, the germ-destroying power is lost; the lacunæ are occluded and present open viaducts through which bacteria pass to lymphatics.

4. All varieties of tonsillar inflammations are due to septic causes, specific germs, and those causing follicular disease, parenchymatous dis-

ease and peri-tonsillar abscess differ from one another.

5. Septic influences are exciting cause of tonsillitis, and pathological tonsils, being unable to perform physiological functions, are the predisposing cause.

6. There are three classes of tonsillar inflammation; follicular and parenchymatous tonsillitis, and peri-tonsillar abscess.

7. The term suppurative tonsillitis is incorrect, because suppuration occurs in surrounding connective tissue and very rarely in the tonsils themselves.

8. In persons having disposition to suppuration about tonsils, the tonsils are adherent to and covered by pharyngeal pillars.

9. Rheumatic predisposition or other diathesis is of secondary importance.

10. If tonsil is contracted by cocaine, pus can be found in anterior or posterior pillars early in the course of the disease.—*Dr. C. C. Rice.*

Many years ago, in an obscure mining village in Sweden, the apothecary, named Scheele, while making lead plaster in the ordinary way by heating olive-oil with litharge and water, chanced to notice that the liquid which was mingled with the pasty lead compound had a strangely sweet taste. On further investigation he found that the sweet taste was caused by the presence of an oily liquid which was dissolved in the water. No such substance was described in the books of the day. A discovery had been made. The discoverer pursued the matter, and thus gave glycerine to the world of arts.

Brignoli, the "silver-voiced tenor," as he was once called, was a great gastronomic sinner, and he ate and drank himself out of voice and out of pocket, and into a comparatively early grave. I have known him to keep an audience waiting for nearly an hour near Boston, because he chose to remain in the city until a late hour in the afternoon, gorging himself at either Young's or Parker's. When he did turn up his voice broke badly in a duet with the soprano, and in answer to the manager's mild expostulations, he turned upon him with an air of lofty scorn and said: "Well, what can you expect when a man has eaten a big dinner?"—*Dr. C. A. Welles.*

Hallucinations are only suggested dreams; dreams are spontaneous hallucinations.—*Dr. H. Bernheim.*

A small box filled with lime and placed on the shelf in the pantry, or closet, will absorb dampness and keeps the air in the closet dry and sweet.

CORRESPONDENCE.

Medical Legislation in Texas.

San Antonio, Texas, March 20, 1891.

To the Medical Era:

In speaking of the small number of students at one time in my Alma Mater, Pres. Mitchell used to take pleasure in relating the retort of the lioness, who when twitted for having only two cubs, said, "Yes, there are only *two*, but then they are *Lions!*" Yes, there are 5,000 "regulars" in Texas and only 100 Homœopaths, but then, they are *Lions!*

With eternal right and justice on our side we have so far made a successful stand against the chronic mania of the regulars to "regulate.' For a handful of men I think the homœopaths in Texas show wonderful "nerve" and are not at all backward in claiming their full rights before the law.

Some months ago a special committee appointed for the purpose presented a memorial to the Governor, asking him to appoint a homœopathic physician as medical superintendent of the new insane asylum for Southwest Texas. This asylum is now building at San Antonio. The Governor has the appointing power. This memorial presenting a strong array of facts and figures, was published in full in the January number of the *Peoples' Health Journal*, of Chicago. The Governor gave us a courteous hearing, but, of course, like the astute politician he is, gave us no intimation of the course he would pursue. But certain indications lead us to believe that he cannot sever himself sufficiently from political bonds to allow himself to recognize a difference between schools of medicine in this striking manner.

Since last summer the allopathic legislation committee has been busily circulating among the profession and the public an examining board bill for signatures; hence, we sniffed war from afar. This bill is known as the "Cupples bill," in honor of the venerable legislative specialist who has been laboring lo? these many years, to enter the promised land. Alas! that after all his efforts he bids fair to die on some lonely mountain-top, his covetous gaze resting sadly upon the prize for which he toiled so long in vain. No sooner was the legislature in full operation than a bill was presented before the House by a Dr. Pope, to create a "College of Physicians and Surgeons." It was an offensive, astounding, and amusing piece of patchwork, by the side of which the Cupples bill was tame and lamb-like. No doubt it was to serve its purpose by exhausting our ammunition and tending to create within us an humble and grateful pleasure in accepting the less offensive bill

—"only too glad to get off so easy," you see.

At the same time Judge McKinney, a sound and fair-minded man, had, of his own accord, produced a good bill providing for a Board of Censors in each school, consisting of the president and secretary of their State societies, these censors to examine and ratify diplomas, which are then to be registered with the county clerk. These bills were referred to the committee on Public Health. Before this committee appeared our legislative committee reinforced by a good eclectic, and presented the complete and masterly argument against the Pope bill by Dr. Bragg and Dr. Jos. Jones; our eclectic friend also made forcible addresses. There were six allopathic doctors on this House committee. The sub-committee appointed by the general committee reported in favor of the McKinney bill; they were ingloriously discharged and the matter referred to a new sub-committee. This committee reported again in favor of the McKinney bill. Finally the whole committee agreed and reported this bill favorably to the House, thus leaving the Pope bill out in the cold to die of inanition.

The ball having opened, other dancers took the floor and a number of medical members tried their hands at making up bills. Three such, all board bills, were introduced, but excited no attention. I should say that all these board bills of course gave us and eclectics each one representative.

Up to this time the Cupples bill which was the real object in view, the others only decoys—lay quietly awaiting its golden opportunity. Suddenly it sprang into the Senate arena, was referred to the Health committee which in forty-eight hours reported it back favorably. Nobody had time to take a breath before it was all done; it looked very suspicious. However, all hands went royally to work. Judge McKinney had his bill introduced by request. Mr. Atlee, chairman of the Senate committee, gave us a courteous interview and, after hearing our story, of his own accord called together his full committee. Before them our Legislative committee made its arguments; they gave us a splendid hearing, and manifested much interest. By unanimous consent they resolved to report the McKinney bill favorably and ask the Senate to consider it with the Cupples bill. That was all we could desire. We interviewed a large number of members and all without exception expressed themselves as determinedly opposed to anything savoring of class legislation or unfair to any sect or school. Furthermore, there was a strong sentiment against any legislation at all, on the ground that the present laws are good enough, and that this everlasting fussing comes entirely from the doctors while the people go serenely along choosing whom they will to treat their ills. The session is nearing its close, much important business remains as yet unfinished, and there is every probability that there will be no medical legislation of any kind; as the matter rests, the bill favored by us stands by far the better chance of passage. In any event we are satisfied, for the single examining board legislative cranks in the old school are again effectually choked off.

M. J. Bliem, M. D.

[Note.—The latest advices are to the effect that the bill introduced by the allopaths has been virtually killed, and now the McKinney bill stands a fair chance of going through.—Ed.]

Belvidere, Illinois, March 20, 1891.

To The Medical Era:

In this section, no difference is apparent in the appointment of examiners for first-class life insurance companies. A homœopathic physician can get any position for which his attainments fit him.

We are medical examiners for the Equitable Life Assurance Society of N. Y., the largest life company in the world; also the Home of Brooklyn, the Washington Life, the Northwestern Mutual of Milwaukee, the Michigan Mutual of Detroit, the Northwestern Masonic Aid Association, the National Benevolent Association (Odd Fellows), the Independent Order of Foresters, the Modern Woodmen of America, and the Grand Circle of White Men.

The senior member of the firm is President of the Board of Pension Examiners, and the junior member President of the Board of Health of this city. I know of only one life insurance company that absolutely refuses to appoint a Homœopathic physician as medical examiner, and that is the New England Mutual. It ought to be severely let alone by all enlightened physicians of the homœopathic school. There are so many other better companies, however, that it does not make much difference who they employ as examiners.

Yours truly,

Drs. Whitman & Swift.

Communicated.

Four Cases.

I dwelt in a village by the sea. To the rear is a hill. This is covered more or less with dwellings. There abide people with means, and people without. A child of the latter class I once visited for some brief ailment, receiving satisfactory remuneration. Though nothing was said, I could not help observing that the mother was the victim of a disorder sometimes known as gestation, and far advanced at that. A week later I met a medical student whom I had not seen for some time.

"Holloa, Doc! Can't you give me a baby case?" was his salutation.

"Reckon I can get you one," was my reply.

"Wish you would," he rejoined, and passed on.

I promptly interviewed the aforesaid woman, feeling sure I would do her a favor by securing her a gratuitous accouchement, and the young man an equal one by granting his desire. I told her I knew a young doctor just from New York whom I thought I could secure for her without expense, as he was desirous of establishing a reputation in the place; he was well-qualified for the position, but if anything should go wrong he would send for me at once, so it really would be as if I myself were in attendance. I would bring him up and if she liked his appearance she might engage him. She thankfully accepted my proposition. My absolute knowledge of the medico's attainments, however, was limited to his allegation that a year or two before he had passed the entrance examination of a well-known university.

In due time the engagement was entered into. When the young man's instructor learned of the fact, he thought he would test his pupil's fitness for assuming such responsibility. He proceeded to catechize him as follows:

"Suppose, when you are called on the hill, you should find the cord presenting, what would you do?"

"Cut it!" promptly replied the brilliant youth.

"But if, instead of the cord, you should find the breech presenting?"

"Take hold and make traction."

"How would you take hold?"

"Put my finger in the anus of the child." Then, catching a glimpse of his instructor's usually imperturbable countenance, he hastily corrected himself: "I mean, put my finger in the anus of the mother."

No further interrogatories were put, the old gentleman having ascertained probably all he cared to. Of course I did not hear of this examination until long after, else I had felt uneasy about the patient. However, he went up when called, and got along very well until it came to the removal of the placenta. Then he sent a messenger for me with word that it had stuck, but before my arrival he had safely delivered it.

Years rolled away. One night the young practitioner, who does not enjoy in any particular the confidence of his associates, summoned me to assist him in a case of placenta prævia. Now, attendance upon such a case is valuable, aside from any possible pecuniary recompense, so I accompanied him to the bedside. His story was tolerably plausible. On examination I found the head well advanced, but by no possibility could I reach any corner of the placenta, although my index finger is not remarkable for its brevity. Neither could I discover any unusual signs of discoloration about the linen. I promptly informed the woman that she had had a very fortunate escape and that now there existed no cause for anxiety. The doctor urged my using the forceps. I flatly refused, because the woman was doing as well as any one could desire. The child was born some twenty minutes later and the afterbirth soon followed. As the doctor was carrying me home I admitted, under pressure, the *possibility* that one corner of the placenta *might* have lapped over the edge of the zone of dilation. The young doctor thinks of taking a course at the Polyclinic, as he *doesn't understand obstetrics very well!*

Oh! Ah!! Hm-m-m!! One little point well-nigh escaped me. He *was* a *regular student(?)*; he *is* a REGULAR GRADUATE!! Nuf sed!!!

YANK.

[We have received the above from a well-known member of the profession, and a valued contributor to THE ERA. The explanation of the heading, "Four Cases," we will give: There were two cases of confinement; that's *two*. The "young doctor" was a "case;" that's *three*. And every one who enjoys the acquaintance of the genial party who sent us the communication knows him to be a "regular case;" that's *four*.—ED.]

An improvised hypodermic syringe can be made in this way: Take the rubber or bulbous portion of an ordinary medicine dropper, using care to select one of some strength and firmness. Insert into its open end the proximate extremity of a hypodermic needle. The fitting is not expected to be close, but can easily be rendered air tight by a few turns of thread or, preferably, a fine rubber band—Faber's No. 10 is strong enough. Now compress the bulb to flatness to expel the air, and dip the needle-point into some water, release the pressure upon the bulb and it fills with water in the space of twenty-five or thirty seconds. Now by pressure discharge the water into a teaspoon, add your tablet, make the solution and draw it up again into the bulb, and you are ready for injecting. Pinch up a fold of the skin in the ordinary manner, thrust in the needle and deliver the injection by firm pressure upon the bulb, holding it transversely to the tips of the fingers. The first filling of the bulb and discharging into a teaspoon is merely to measure the exact capacity of the bulb and to leave no space for air; though the admixture of a minute quantity of air would not be in the least degree harmful, unless injected into a vein. Practically, no air enters; and an objection upon this ground will speedily disappear under a fair test.—*Dr. Thomas in the M. and S. Reporter.*

ANNOUNCEMENTS.

Homœopathic Medical College.

DEGREES CONFERRED ON FIFTY-THREE MEMBERS OF THE GRADUATING CLASS AT THE CHICAGO OPERA HOUSE.

At the Chicago Opera House, March 24, degrees were conferred upon the members of the graduating class of the Chicago Homœopathic Medical College. Dr. L. C. Grosvenor delivered the faculty valedictory. The president, Dr. T. S. Mitchell, made the annual report. Charles Boaz delivered the class valedictory. As a result of the final examinations J. A. May, Henry L. Traver and A. S. Adsit were appointed resident physicians at the Chicago Homœopathic Hospital.

A. S. Adsit, T. J. Appleton, E. E. Axtell, J. F. Baca, M. R. Barker, A. T. Barnum, E. D. Bergen, S. L. Blair, C. Boaz, L. C. Brown, R. W. Brown, N. H. Brill, F. E. Buffum, G. P. Cooley Jr., E. E. Campbell, J. C. Collister, S. S. Crosthwait, G. W. Cook, C. St C. Drake, H. G. Dean, E. J. George, A. E. Gue, J. P. H. Garrity, C. A. Hoag, F. D. Holbrook, L. C. Hedges, J. E. Johnston, D. H. Kneisley, C. P. Lathrop, F. H. Lockwood, W. C. Lovejoy, W. H. Lycan, W. B. Matthews, J. Aj. May, W. C. Miller, H. E. Morrison, D. H. Patterson, J H. Richardson, W. L. Ruggles, C. A. Scribner, R. J. H. Sharp, G. L. Shoemaker, E. H. Smith, J. G. Smith, J. W. Taylor, J. W. Thomas, W. Tilson, H. L. Traver, C. R. Truesdall, S. M. Turbin, A. J. Washburn, R. Willis, C. Willison, J. M. Wine, J. L. Winsett.

Post Graduate Course.

The Chicago Homœopathic Medical College began its post-graduate course of two weeks, March 30, with a large class in attendance. The course is conducted by the professors of the various departments, and the teaching is to be practical and clinical. It is open to all graduates in medicine, of whatever school.

Michigan.

The Homœopathic Medical Society holds its 21st annual meeting at Grand Rapids, May 19 and 20. Dr. Harold Wilson, Detroit, Mich., secretary.

Indiana.

The Indiana Institute of Homœopathy will hold its quarto-centenary meeting at Indianapolis, May 13 and 14, 1891, under the presidency of E. W. Sawyer, M. D., of Kokomo. Reduced railroad and hotel rates will be secured, and the announcement made in the final circular.

Missouri.

The Missouri Institute of Homœopathy will meet in fifteenth annual session at Kansas City, April 21-23, 1891. T. Griswold Comstock, M. D., President; A. Cuvier Jones, M. D., of Holden, Mo., Secretary.

Hahnemann College.

THIRTY-FIRST ANNUAL COMMENCEMENT EXERCISES HELD AT THE GRAND OPERA HOUSE.

The programme for the thirty-first annual commencement exercises of the Hahnemann Medical College and Hospital of Chicago was carried out at the Grand Opera House, March 19. Dr. D. S. Smith, president of the college was absent.

The report of the college registrar, Dr. E. Stillman Bailey, was made.

The address of the graduating class was delivered by the Rev. Mr. Canfield.

The presentation of diplomas was made by Erskine M. Phelps, vice-president of the college. The ninety-six graduates filed upon the stage in the rear of the college faculty, and were presented their diplomas.

J. M. Allen, S. V. Allen, M. D. Baker, P. Balmousserres, C. H. Barber, A. Bennett, W. A. Bennett, C. E Boynton, C. H. Bresee, F. E. Brown, E. M. Bruce, H W. Case, E. N. Chaney, E M. Chidester, F. L. Clemens, G. C. Connett, M. H. Criswell, R. Croft, W. G. Cole, W. H. Crandall, J. S. Cummins, J. N. Davies, J. W. DeRevere, C. J Douglass, S. D. Ebersole, S. Cordelia Enos, L. Enos, C. Enos, Belle C. Eskridge, Emily S. Flaws, A. Foster, C. Frischkorn, W. H. Gifford, Julia B. Godfrey, Mary E. Gregg, P. Hagedorn, J. T. Hall, S. H. Hilliard, G. L. Hughes, J. E. Hughes, R N. Hutchinson, S. T. Kelley, Effie K, Kesler, J. W. Krichbaum, W. E. Krumsiek, E. I. Knowlton, S. E. Kortright, F. W. Kuhn, A. Lehmann, G. L. LeFevre, W. A. Lomison, J. P. McCulloch, Harriet I. Mercer, Hattie I. Miller, Louise J. Miller, A. J. Morris, F F. Netherton, S. M. Nolder, H. A. Noyes, Mary A. Palm, W. I. Parker, Ella G. Pease, E. A. Pierce, E J. Post, A. J. Provost, J. E. Prudden, T. E. Raines, R. R. Rasmussen, P. A. Renie, E. E. Rice, G. H Ripley, J. F. Roemer, A. E. Salter, M. F. Sayles, Anna R. Schermerhorn, J. G. Seidel, F. A. Seeman, Carrie Shaw, O. L. Smith, C. E. Stephens, C. S. Stettler, R. L. Stine, S. R Stone, Kate S. Trainor, J. E. Tremaine, E. M. Van Delinder, Elizabeth A. Watts, Mrs. May Warren, E. J. West, W. H. White, G. F. Whitfield, G. A. Whippy, G. Wolf, W. W. Woolsey, M. S. McGrew, B. F. Norton.

Illinois Homœopathic Medical Association.

We again remind the physicians of Illinois that our State Association will meet next month —May 12 to 14—at Springfield. The legislature will be in session, and it is expected that matters of importance connected with representation in public institutions will be considered by the society.

At the same time, members should take especial pains to prepare papers for the several bureaus. Dr. C. E. Laning, of Chicago, will preside. Communications should be addressed to the Secretary, Dr. T. E. Roberts, Oak Park, Ill.

Kansas City.

The Kansas City Homœopathic Medical College held its third annual commencement exercises Saturday evening, March 13, when degrees were conferred upon six graduates. Dr. P. Diederich, the Dean, delivered the address on

part of the faculty. The graduates were: William L. Ray, Pleasant Hill, Mo.; Darwin A. Cookinham, McPherson, Kan.; Hugh M. Dewar, London, Ontario; Warner H. Horton, Iowa; Edward Schoor, Adrian, Mo.; Charles D. Black, Argentine, Kan.

New York.

At the semi-annual meeting of the Homœopathic State Medical Society the following officers were elected to serve during the ensuing year: F. Park Lewis, M. D., Buffalo, N. Y., president; A. B. Norton, M. D., '81, New York City, first vice-president; L. L. Brainard, M.D., '74, Little Falls, N. Y., second vice-president; Jay W. Sheldon, Syracuse, N. Y., third vice-president; J. L. Moffat, M. D., '77, Brooklyn, N. Y., secretary; C. E. Beebe, M. D., New York City, treasurer; and H. D. Schenck, M. D., '84, Brooklyn, N. Y., necrologist. Nominations were made for the State Board of Medical Examiners as follows: W. S. Searle, M. D., Brooklyn, N. Y.; Jay W. Sheldon, M. D., Syracuse, N. Y.; E. Hasbrouck, M. D., '65, Brooklyn, N. Y.; A. S. Couch, M. D., Fredonia, N. Y.; J. L. Moffat, M. D., '77, Brooklyn, N. Y.; H. M. Payne, M. D., Albany, N. Y.; E. E. Snyder, M. D., Binghamton, N. Y.; A. R. Wright, M. D., Buffalo, N. Y.; E. H. Wolcott, M. D., '81, Rochester, N. Y.; J. McE. Wetmore, M. D., New York City; J. M. Dillow, M. D., New York City; H. M. Dearborn, M. D., New York City; J. M. Schley, M. D., New York City; W. T. Helmuth, M. D., New York City.

Brooklyn.

On the 1st of May next there will be two vacancies in the House Staff of the Brooklyn Homœopathic Hospital,—Assistant House Physician, and Assistant House Surgeon. Applicants,—physicians who accept the Homœopathic law of cure,—may enter for competitive examination by writing to

R. C. MOFFAT,
Chairman of the Committee on Vacancies.
17 SCHERMERHORN STREET,
BROOKLYN, N. Y.

International Homœopathic Congress.

The committees appointed to make arrangements for the International Homœopathic Congress, take pleasure in announcing to the profession, that their work has advanced to such a degree as to insure a successful meeting. Already there have been received assurances from physicians in different parts of the world that papers and reports will be presented, and these papers are so varied in character as to promise ample material for thought and discussion in every department and specialty. The committee voices the desire of the profession when it asks all who are interested in making this Congress the best ever held, to come prepared for active duty, either by offering papers or participating in the debates. The investigations and experiences during the past five years should be pregnant with results that cannot fail to be of vital importance and interest to the entire world. As has been already announced, the time allotted to the sessions will be occupied in full and free interchange of thought; all striving to know that which will be productive of the greatest professional and public benefit. While the committee has outlined the general conduct of the Congress and selected from among the many, some to take charge of special subjects; yet their work is in no sense to be considered restrictive. Necessarily ignoring the peculiar features of bureau and sectional work in vogue with the American Institute of Homœopathy; it is confidently expected that all present will give each subject the attention its importance demands. The committee makes the following requests: That each paper presented shall not exceed four thousand words; that an abstract not exceeding one thousand words be prepared, such abstract to be read in case the contributions are so numerous as to preclude the reading of the entire paper; that all who intend presenting papers shall send the title to the Chairman or Secretary of the committee, before April 5th, so as to insure its insertion in the published programme, all abstracts to be sent to the Chairman before May 5th, in order that they may be sent to persons selected to lead in their discussion. All statistical reports of societies, institutions and colleges should be sent as soon as possible to Dr. T. Franklin Smith, 264 Lenox Ave., New York City. Dr. H. C. Allen, Chairman of Committee on Railroad Fares will publish in the "Annual Circular" and medical journals, full particulars regarding railroad rates and arrangements. All letters of inquiry or information regarding literary work should be sent to Theo. Y. Kinne, M. D., Paterson, N. J. The local Committee of Arrangements at Atlantic City has for its Chairman, Dr. M. D. Youngman, Atlantic City, N. J., to whom should be addressed all letters and requests for accommodations.

THEO. Y. KINNE, M. D.,
Chairman Committee of Arrangements,
Paterson, N. J.
PEMBERTON DUDLEY, M. D.,
Secretary,
Cor. 15th and Master Sts., Philadelphia, Pa.

GRACE HOSPITAL, Detroit, Mich., has an opening for assistant resident physician. Address R. H. Silliman, Manager.

BOOK REVIEWS.

Orificial Surgery and its Application to the Treatment of Chronic Diseases. By E. H. Pratt, A. M., M. D., LL. D., Professor of Orificial Surgery in the Chicago Homœopathic Medical College, etc. Chicago: Halsey Brothers. 1891.

The book is from the pen of a specialist who needs no introduction to the Homœopathic profession. It is the outcome of an extensive experience in the practice of "Orificial Surgery."

No one working in the field of gynecology will deny the importance of reflexes. Innumerable symptoms of a most obstinate character originate in the utero-ovarian centers, which are only reached through the pelvis. But the gynecologist who does not look beyond these centers for the origin of many reflexes will fail in as many instances. It is absolutely necessary in making pathological and physiological deductions to recognize the unity of the pelvic organs. The same blood supply and the same nerve supply inseparably link them. Whatever disturbs one is very apt to implicate all. Thus it is that the successful practice of gynecology is only possible through a familiarity with the diseases of all the pelvic viscera—the uterus and the ovaries, the rectum and the urinary organs. To Dr. Pratt the profession owes much for demonstrating this principle in his system of surgery which he calls "orificial."

The volume under review consists of 164 pages presenting the theories and operations of the author. The proposition is made that " * * * there is one predisposing cause for all forms of chronic disease, and that is nerve waste occasioned by orificial irritation at the lower openings of the body." Upon this theory orificial pathology and practice are based. It is one equally difficult to prove or disprove, because pathology is not an exact science, and cause and effect are constantly being mistaken the one for the other. The questions involved are too many and too profound to permit of consideration in a review. While all will not be ready to subscribe to the doctrine, yet it must be admitted that the author defends it with much logic. That orificial irritation is a causative factor of much importance in many forms of chronic disease we do not doubt, but that in *all* forms it is *the* predisposing cause, admits of question.

The author has a thorough knowledge of the sympathetic system, and his method of defining its functions is very inviting. The various operations upon the orifices are clearly described, and the descriptions are accompanied by many illustrations. These chapters are invaluable, and are worth many times the price of the work. There is an originality about Dr. Pratt's work that in these days of plagiarism is very refreshing.

The importance of the subject and the genius and experience of the author combine to make a work of great value.

Cyclopædia of the Diseases of Children, Medical and Surgical. The Articles Written Especially for the Work by American, British and Canadian Authors. Edited by John W. Keating, M.D. Vol. IV. Illustrated. Philadelphia: J. B. Lippincott Company. 1890.

The fourth and final volume of "Keating" completes the set, and we have no hesitation in saying that it is the best and most complete work on the diseases of children published in this country. The authorities who have written on the various subjects are of the highest, and their work has been carefully done. The subjects treated of in the present volume comprise diseases of the eye, the ear, physical development, hygiene, juvenile crime, nervous diseases, and many others of equal importance.

Annals of the British Homœopathic Society, and of the London Homœopathic Hospital. London: Keene and Ashwell. 1891.

This number of the Annals of the British Society is up to the high standard of those that have preceded. It contains many valuable papers and instructive discussions. It would be well for homœopathic physicians to add this to their libraries.

Headaches and Their Concomitant Symptoms. With Complete and Precise Repertory-Analyses. By Jno. C. King, M. D., Chicago: W. A. Chatterton. 1891.

The publisher has issued a second edition of King's "Headaches." It is arranged on the plan of Bell's "Diarrhœa and Dysentery." The profession has found it useful, hence its second edition.

The North American Journal of Homœopathy.—This old-established journal possesses many points of excellence. Its department of "Therapeutic Notes" is alone worth to the busy practitioner many times the price of the journal. "It is the aim of this department to collate experience which may seem to writers insufficient for formal papers, but which, if published, will diffuse valuable information otherwise likely to be lost." Subscription price, $3.00 a year. Address A. B. Norton, M. D., Business Manager, 152 West Thirty-fourth street, New York.

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THE MEDICAL ERA receives *no subscriptions* through pharmacies, "agencies," or other journals. *No exception to this rule will be made.*

PERSONALS.

Dr. G. G. CLIFFORD, of San Antonio, Texas, has been elected County Physician.

DR. F. A. WALTER has formed a partnership with Dr. H. E. Cross, of Baraboo, Wis.

DR. CHARLES D. RICH wishes to announce that he has returned to the city and will resume the practice of medicine and surgery, at his former location, northeast corner Prairie avenue and Thirty-first street.

Methods of "Mind-Readers."

Readers of the ERA who may be interested in "mind-reading," so-called, and in muscle-reading, will find in the April number of the *Forum* magazine, of New York, a complete exposition of the subject in an article by Dr. Ch. Gatchell.

The Columbian Fair.

In connection with the Columbian Fair, it is proposed to have various Congresses meet in this city. The standing committee on Medical and Surgical Congresses appointed by the Directors consists of Dr. J. S. Mitchell, Dr. R. N. Foster, Dr. R. Ludlam, Dr. N. S. Davis and Dr. H. M. Lyman, with one vacancy to be filled, caused by the death of Dr. H. A. Johnson.

Ohio.

The twenty-seventh annual session of the Homœopathic Medical Society of Ohio will be held at Findlay May 12, 13, 1891. There is promise of large attendance and full programme. E. R. Eggleston, M. D., Cleveland, President. R. B. House, M. D., of Springfield, Secretary.

The Forum.

In the April number of *The Forum*, Representative R. Q. Mills of Texas will make a critical analysis of the census. In the same number Senator Hoar of Massachusetts, who was the champion of the election bill in the senate, constructs an argument to prove that the Republican party was untrue to its precedents and to its principles, because the late Congress adjourned without enacting the election bill. Other articles in this number will be, A Study of the Problem of Poverty in Great Cities, by the Rev. Dr. Rainsford of New York; an autobiograpical essay by Prof. Simon Newcomb, the astronomer; an explanation of the feats of so-called mind readers, by Prof. Charles Gatchell of the University of Michigan, who shows that "mind-reading" is really muscle-reading; a comparison of railway rates in the United States and in other countries, to ascertain whether our rates are really high. The Forum Publishing Company, New York.

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Geranium Compound Suppository, for most Uterine difficulties, from a formula by Dr. Hale, is attracting much attention. Send for descriptive circular. Retail price, $1.00. To physicians, 75cts.; or one dozen boxes for.. .....$6 00

Hydrastia Tonic. A prominent homœopathic physician has given us the formula for a *Restorative* tonic, the basis of which is the highly valued remedy *Hydrastis Canadensis.* This preparation is for the purpose of enriching *the blood, and imparting a healthy tone to the nervous system.* It does this by arousing a *normal appetite, stimulating digestion and assimilation,* and thus aids in supplying the tissues with their proper food. It is useful in all conditions of physical debility from exhausting diseases, loss of fluids, or mental depression, and will agree with the most delicate stomach. Put up in pint bottles at 75 cts. to physicians, or per gallon in jug.....$5.00

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THEY SAY

That the Mafia must go.

That a thirsty man grasps at straws.

That the "tuberculinum" doctor is still on deck.

That money talks, but it often goes without saying.

That figures can't lie, but liars can figure, all the same.

That ignorance of the law excuses no one except the lawyer.

That the modern criminal is often tried by a jury of his peers.

That what the Indians want is more rations and less orations.

That a man may speak with fair clearness without a tongue.

That the sober second thought usually comes after the banquet.

That the honest man pays up, and the other fellow has to pay down.

That people who use religion as a cloak are very subject to catching cold.

That some men are too light for heavy work, and too heavy for light work.

That you should never do to-day what some one else will do for you to-morrow.

That the man who is most contented with his lot occupies one in the cemetery.

That a woman in Pennsylvania recently gave birth to quadruplets—all girls.

That all men are willing to forgive as soon as they have had a chance to get even.

That the diseases of wounds are principally due to infection from physicians' hands.

That when you laugh the world laughs with you, unless you laugh at one of your own jokes.

That a man will often admit that he is a fool, but if anyone else makes the same diagnosis—look out!

That the census enumerators have found in Philadelphia a woman one hundred and twelve years old.

That Chicago contributes one hundred and forty-nine homœopathic doctors to the world's supply.

That a partisan is a man who is always on one side, and an "independent" the man who is on the other.

That Chicago's rival of Koch has discovered the grip-microbe, but now that he has caught it he does'nt know what to do with it.

That the revelations of the microscope are more important to mankind than are those of the telescope.

That the reason so many things go wrong in this world is because the men don't take women's advice.

That a man in Massachusetts has invented a buttonless shirt; we haven't worn any other kind in years.

That when you hear a man say that all men are alike, he is trying to apologize for something he is ashamed of.

That a roller towel in a school-house wash-room contains about thirty-five million bacteria to the square foot.

That hot water is said to be a cure for a great many things, but a man doesn't want to be kept in it all the time.

That from the fiftieth to the tenth of a milligramme of iodine is inhaled daily by those living on the seashore.

That the average man dislikes to ask another man to loan him money, and the other man dislikes to have him do it.

That "Patience" should come down off that monument and take a position at the other end of a Chicago telephone.

That when a man says that he is perfectly contented, it means that he can't see any possible chance to get anything more.

That whenever you prescribe exercise of any kind be sure you are acquainted with the state of the heart, lungs and arteries of the patient.

That the amount of money invested in the dairy business in this country is almost double the amount in banking and in commercial pursuits.

That when a man wants to be sure he's right before going ahead, he generally finds that he has been beat by some one who takes a few chances.

That of every million people in the world eight hundred are blind, and the vision of the others is so obscured that they cannot see their own faults.

That the endowment of a hospital is a noble charity, but the endowment of a medical college not devoted to the filling of the professor's pockets is far nobler.

That Koch's lymph is said to be a thin fluid of reddish color; Kentucky lymph answers to the same description, and the reaction occurs in just about an equal length of time.

That a steamer for the west coast of Africa, from England, had on board fourteen missionaries, four hundred and sixty tons of gunpowder, eleven cases of gin and ten thousand casks of rum.

THE MEDICAL ERA

COMBINED WITH THE MEDICAL COUNSELOR. DEVOTED TO HOMŒOPATHY AND THE ALLIED SCIENCES

VOL. IX. CHICAGO, MAY, 1891. No. 5

CH. GATCHELL, M.D., EDITOR.

INTERNATIONAL HOMŒOPATHIC CONGRESS OF 1891.

The month of June will probably see the largest gathering of homœopathic physicians that there has ever been in the history of our school.

Since the American Institute last met in the East there has been an interval of four years. In that time many new homœopathic physicians have entered the field of practice in that, the most thickly populated, portion of our country. Hundreds of these will take advantage of the present opportunity to become members of our National organization, and to take part in the proceedings of the Congress. In addition to this, some will come from abroad, and the West will send far more than its usual delegation. Altogether, there will be such a gathering of physicians of our school as the world has never before seen, and the occasion will be a memorable one in our history.

Every reputable homœopathic physician will be eligible to membership, and all may take part in the proceedings. No one need remain away through a mistaken notion regarding a restriction of privileges. Each member may feel that it is "his meeting."

The Executive Committee, for months, has been active in making arrangements for the meeting, and nothing that intelligence and zeal can accomplish has been neglected. In this connection we cannot do better than to quote from the announcement sent out last month by the Chairman, THEO. Y. KINNE, M. D.:

> Already there have been received assurances from physicians in different parts of the world that papers and reports will be presented, and these papers are so varied in character as to promise ample material for thought and discussion in every department and specialty. The Committee voices the desire of the profession when it asks all who are interested in making this Congress the best ever held, to come prepared for active duty, either by offering papers or participating in the debates. The investigation and experiences during the past five years should be pregnant with results that cannot fail to be of vital importance and interest to the entire world. As has been already announced, the time allotted to the sessions will be occupied in full and free interchange of thought; all striving to know that which will be productive of the greatest professional and public benefit. While the Committee has outlined the general conduct of the Congress and selected from among the many, some to take charge of special subjects, yet their work is in no sense to be considered restrictive.

The Local Committee has been no less energetic. Ample accommodations have been provided, and the matter of entertainment has received due attention. The announcement is made that:

> The Committee of Local Arrangements are making preparations for the entertainment of the guests during their stay in the city, which will include vocal and instrumental concerts, excursions to sea as well as smooth water yachting, deep sea fishing, etc. There will also be a grand banquet, tendered by the management and will be free to the members of the Congress and their friends who are guests of the house.

Atlantic City, the place of meeting, promises many attractions. The local representatives of our school, and the profession in Philadelphia, are devoting themselves to the interests of the meeting with a view to making it in every way profitable and enjoyable, and they may be depended upon to accomplish all that they undertake.

Any homœopathic physician who fails to attend this congress,—which is destined to be a memorable affair,—will regret it.

This city, the second in the country, should be well represented.

The ERA speaks for Chicago and the Great West, and promises to send the largest delegation that ever attended a medical convention.

THE ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION claims your attention this month. Important business will come up at Springfield.

WHAT IS ISOPATHY?

It is well to understand this matter.

Isopathy is not homœopathy. Homœopathy is not isopathy. The sooner this is understood, the better.

Here is the verdict of the court of appeal, the dictionaries:

Webster—The new *International Dictionary*—says:

I-sop'a-thy. The cure of a disease by means of the virus of such a disease.

The *National Medical Dictionary*, edited by Dr. John S. Billings, says:

I-sop'a-thy. A system of treating a disease by products of the disease.

Gould—*A New Medical Dictionary*—says:

I-sop'a-thy. A term used to denote the treatment of disease by the administration of one or more of its own products.

Here is evidence enough. It is sufficient to establish the fact that we have insisted upon, that the administration of nosodes in the treatment of diseases which produce those nosodes is *not* homœopathy. Those who make claim to the contrary are in error. They should consult their dictionaries, revise their understandings, and give evidence of the possession of a discriminating judgment.

True, one dictionary includes in its definition the statement that isopathy is a "branch of homœopathy." But it is not necessary to accept this part of the definition, as it is not necessary to accept the same dictionary's definition of "homœopathy," which is very far from being correct. Only a homœopath can properly and authoritatively define "homœopathy." Certainly a disbeliever in the system is not competent to do so. Moreover, this lexicographer displays his ignorance of the subject when he speaks of a "branch of homœopathy." Homœopathy has no "branches." If there is anything in the world that is not made up of disjointed parts, it is the principle of homœopathy, as intelligently defined.

These remarks are made for the benefit of the Chicago physician—and his high priest in New York—who has been informing people of the wonderful power of "tuberculinum" in the cure of tuberculosis. We have already given this matter attention, but error that is so deep-rooted cannot be corrected in a day. Therefore, we again remind these erratic individuals that if they will persist in making themselves ridiculous by exposing their cranky doctrines to public view, they should at least seek to be honest in the matter, and not raise a false issue. They should not deceive the people. They should not dignify their scheme by attaching to it the name of *homœopathy*.

The obligation rests upon these peculiar people first correctly to inform themselves, and then properly to state the facts to the newspaper reporter. If this were done, no one would be deceived, and the homœopathic physicians in this city would not then be called upon to protect the dignity of the profession by explaining that the unsavory stuff emanates from one who in this matter is far from being a worthy representative of homœopathy.

LA GRIPPE IN CHICAGO.

As the whole world knows, this city has been visited by an unusually severe epidemic, which appears to be a recrudescence of the pandemic influenza of a year ago. It has been, however, even more fatal in its results. No household has been free from its invasion, thousands have succumbed to its fatal effects, physicians have been busy night and day, and many members of the profession have paid the penalty of exposure and over-work with their lives.

The disease has taken many forms. In some cases it has shown itself as an influenza, with bronchitis; in others, the symptoms of a severe quinsy have been most prominent; in others, still, it has been the forerunner of an attack of pneumonia. But in all the mucous membrane of the air-passages has been the initial point of attack, with a secondary involvement of the nervous centers, as revealed by the symptoms of prostration and the long-lasting depression which marked the period of convalescence.

The week of April 6th marked the highest mortality rate that Chicago ever knew. The deaths amounted to 41.6 per 1,000 of the population, or 960 deaths for the week, of which number 75 were attributed directly to the *grippe*, and 457 to various forms of lung disease.

There will be *no* postponement of the International Homœopathic Congress. All rumors to that effect are without foundation.

ORIGINAL ARTICLES.

A CLINICAL LECTURE.

BY HORACE PACKARD, M. D.

Assistant Professor of Surgery, Boston University School of Medicine.

BOSTON, MASS.

I HAVE to bring before you this morning, a somewhat rare and exceedingly interesting and instructive case of genu-valgum, otherwise known as "knock-knee." This patient is a maid of fifteen years, small for her age, but fairly well developed, with evidence at the present time of a good state of digestion and assimilation.

Besides the deformity above mentioned, other portions of her body show the effects of the ravages of the disease, which in her early childhood brought about the present condition. I refer to rachitis. Her physician, Dr. Cross, gives the following history of the case from infancy:

Dear Doctor Packard:—

"In compliance with your request, I send you a brief account of the early history of the interesting case of our little patient.

"Both the parents were healthy, and she weighed at birth 10½ pounds. She seemed perfectly well up to the time she was weaned, at one year of age. From this time onward her stomach rejected almost every kind of food suitable for a child of her age. Cow's-milk of the best quality and suitably diluted was certain to cause vomiting and, frequently, disordered bowels. Under such well indicated remedies as I was able to select, she would improve for a while and then relapse again. Lactic acid rendered good results for a long time, in allaying the irritability of the stomach. Ipecac, Veratrum, Arsenicum, Podophyllum, Carbo. reg., Cina, Calcarea carb., Ferrum and other remedies gave temporary relief in various ways.

"At about four years of age, she had improved considerably, when whooping-cough set in, and reduced her a good deal, and soon after the case passed from my care to that of another physician, but as she constantly grew worse she was again put in my charge by her parents, with little hope of her recovery. She now presented a very peculiar appearance. Although very much emaciated in body and limbs, the abdomen was large and distended and the whole body was covered with a heavy growth of hair, especially so on the back and neck. Almost all food taken would be vomited on the least provocation, the sight of it often causing her to vomit, and this frequently without nausea. Yet she was always hungry or thirsty, and would eat again directly, often bolting the food without chewing it at all.

"I now ordered the emulsion of cod-liver oil, to begin three times a day, and a cube of loaf sugar after it each time, and the body anointed with pure olive oil daily, and I gave her from time to time such remedies as seemed to me best indicated. From this time till she was six years old, she improved considerably, retaining her food much better, and gaining in flesh and general health.

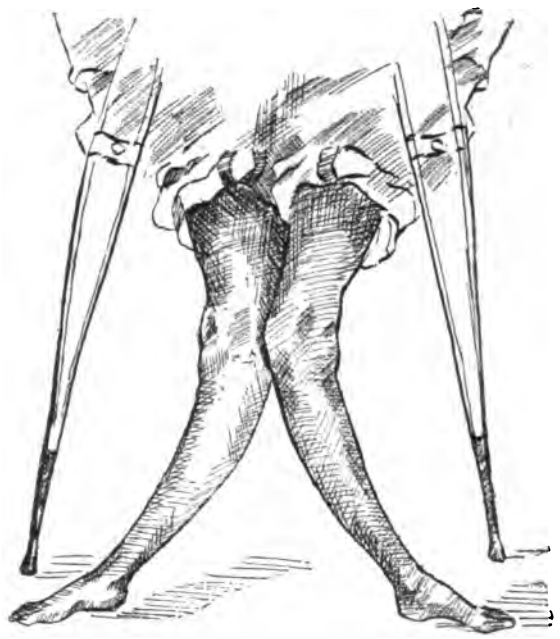
"About this time she commenced to have cramps of the legs and arms, with occasional loss of consciousness, sometimes with nausea and often without, and about this time the legs began to grow crooked. Veratrum album evidently cured the cramps and relieved the vomiting, but the deformity gradually increased ever after, except perhaps during a few months while she was receiving massage treatment, when it was thought she was improved; but afterward her legs became worse, so that she resorted to crutches and other helps to locomotion. Various kinds of apparatus have been worn from time to time, without benefit. Once while out at play she accidentally fell and broke her arm.

"Very much of her life has passed without active medication, but with general directions about diet, habits and various other means to keep up her general health.

"The above comprises the history and treatment of her case, prior to the time when she came under your observation.

"Yours sincerely,

"H. B. CROSS."



The patient is very small of herage, almost a dwarf, and probably never will reach the aver-

age height of an adult woman. The epiphyses of the long bones show the characteristic enlargement or club shape, and the ribs at their junction with the costal cartilages present the rachitic rosary. The deformity of the legs is now very great, even so that the patient cannot support herself upon them, or walk at all without crutches.

This deformity has resulted from the giving way or pushing up of the outer condyle of the femur. The bones in this disease are lacking in lime salts, hence are incapable of supporting the weight of the body alone. When this bending of the legs was first noticed, it is probable that something in the way of lateral splints and the use of crutches might have prevented this extreme condition. The ravages of the disease are now past, and the epiphyses, cartilages and periosteum have nearly resumed their normal density and functional activity. Hence if the limbs can be straightened by surgical means and kept at rest a few weeks, a permanent relief of the deformity will result.

The operation to be performed is not unlike that which would be employed for the straightening of a crooked limb, which sometimes results from an improperly treated fracture.

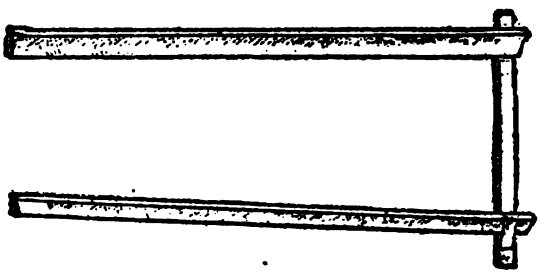
In this case I shall fracture the femurs just above the condyles, bring the legs into a straight condition and adjust retaining splints, until the bones have reunited.

The legs are first thoroughly washed, from the toes to the thighs, with soap and water, then disinfected with a 1:1000 solution of bichloride of mercury. A sand-bag covered with a towel wet in this same solution is placed beneath the knee, to give a firm support. Similar towels are laid about the field of operation, covering adjacent portions of the limbs and clothing. I now select a point on the outer side of the femur, three-fourths of an inch above the superior condyle, and draw an imaginary line about the whole circumference of the leg. I draw another line longitudinally along the inner side of the femur one-half inch anteriorly to the adductor tubercle of the inner condyle. At the junction of these two lines I make a longitudinal incision through the skin and muscle to the bones.* Without withdrawing the scalpel, I now pass an osteotome down along the side, turn it at right angles with the limb, and remove the knife. By the aid of a mallet the osteotome is driven through the bone, first straight toward the opposite side, and then directed laterally to either side, until the femur is so nearly severed that by seizing the limb above and below, I can fracture the remaining portion, and thus straighten the leg.

A temporary dressing consisting of a posterior knee splint, and compresses of gauze wet in sublimate solution on the site of the wound is applied, while the other leg is being operated upon. I now proceed to reduce the deformity in the other leg in the same way.

The question may well be asked, Why would it not be better and safer to operate on one leg at a time, leaving the other till the first is healed? I will say, in answer, that if the wounds necessary to the performance of this operation were extensive or mutilated the tissue to any great degree, that would be the proper and conservative method, but, as you see, these wounds are small, scarcely an inch in length, and performed under the strict system of asepsis which is followed here, will undoubtedly heal without inflammation or suppuration. The operation necessitates the most careful fixation of the limbs for six weeks following, hence, confinement of the patient in bed. It takes no longer for both wounds to heal than for one, consequently, both operations performed together save the patient a repetition or prolonged confinement indoors, which is an important consideration with a delicate child.

Both wounds are now dressed with an occlusion dressing, consisting of a compress of aseptic



gauze, wet in a 1:3000 sublimate solution, with a generous layer of sublimated absorbent cotton, widely covering the whole. A posterior knee splint is next applied, well padded, and the legs bandaged from the toes to the middle of the thighs. The patient is now placed in a Hamilton splint, designed for fracture of the femur in children.

This apparatus keeps the patient on the back, maintaining perfect immobility of the legs, and the patient can be easily lifted from bed to cot, or *vice versa*, without injury. The side pieces reach to the axillæ and are bandaged to each respective leg, and to the sides of the trunk. The cross-piece at the feet is made sufficiently long, so that the legs will be far enough apart to make urination and defecation easily attended to.

At the expiration of six weeks, I will again bring the patient before you, for the removal of the splints and dressings.

* * * * * *

Six weeks have elapsed since you saw the operation upon this patient. She has borne con-

*Merwin's method.

finement in bed well, has lost but little flesh, and there have been no evidences of inflammatory action about the sites of the operations. The splints and dressings have remained without change, and have maintained the legs in a straight position. I now remove the splints and dressings, and you see the small scars resulting from the wounds. Healing has gone on without the formation of a drop of pus. You see the compresses placed next the wounds are stained only with the small amount of blood and serum which oozed during the few hours following the operations, and are now dry and

odorless. The legs are perfectly or very nearly straight.

And as I lift them and test their strength, I find that bony union is perfect. The patient will now be encouraged to get up and gradually use her crutches, until she can bear all her weight on her limbs without danger.

295 WEST CHESTER PARK.

THE MEDICAL ERA, a homœopathic journal of Chicago says: "No allopathic physician of Chicago has refused a consultation with a homœopathic physician when the call came from a millionaire." The *Medical Standard*, of the same city, says, that the practice of such consultations is "so frequent as to occasion no remark."—*American Lancet.*

EPITHELIOMA CURED BY THE MITCHELL METHOD.

BY M. H. WATERS, M. D.,
TERRE HAUTE, IND.

IN the winter of 1884 a patient of mine, a gentleman fifty-eight years of age, noticed a crust formation about as large as a grain of wheat, on his lip midway between its edge and the nose. This he removed, and in a few days another formed.

From this time it grew slowly, and when occasionally it would become accidentally detached, the surface each time grew more tender, and eventually would bleed slightly. For months it was accompanied by a tickling, drawing sensation, but without pain. This unpleasant sensation gradually increased, and after a time became constant, and from swelling, the lip felt stiff, and when disturbed would smart and burn, and occasionally sharp twinges of pain would be felt.

At first soothing applications had been used, but these failing, by the advice of different physicians, severe methods had been resorted to, but without relief.

The case was placed in my hands August 20, 1889. Upon removal of the crust, I found the whole lip swollen, and slightly indurated around the denuded surface. This surface was slightly raised above the surrounding tissue, and was clove-shaped, the larger part being about three-eighths of an inch in diameter and the stem part one-eighth broad by one-half inch long.

I began the treatment by applying Arsenicum 2x every other day to the denuded surface, and gave internally arsenicum 3x four times each day.

The first effect of this treatment was an increase of the discharge, which for ten days or two weeks became, in the language of the patient, "a painful running sore."

On account of the severe local inflammation and pain, which extended to the nose, and to a less extent, to the eyes also, and the headache, it became necessary to suspend the medicine for a day or two, and upon resuming it to lengthen the interval.

By the destruction of the diseased tissues a cavity was formed about one-fourth of an inch deep, and at some points even more, whereas, presumably, some process of the growth had extended.

The immunity of the healthy tissue from the destructive effects of the Arsenicum application was marked.

When no more of the diseased structure was found, but in its place a healthy, granulating surface, and the discharge had nearly stopped, the local medication was discontinued and a simple dressing applied.

By the middle of October, as a result of about two months' treatment, for the first time in nearly five years the place was perfectly healed. But this result was not a permanent cure. Either I had not been sufficiently thorough in the local treatment or had discontinued the giving of the remedy too soon, for, about June 20th following, a small point of the disease appeared. But a few days' treatment sufficed to remove this, and there has been no return of the disease.

THERAPEUTIC NOTE. II.

By CLIFFORD MITCHELL, M. D.
CHICAGO.

NASO-PHARYNGEAL catarrh is often noticed in connection with uric acid sediments. In some cases there is a dry, explosive cough. Stimulant applications irritate and make the case worse. Sometimes the patient has some of the symptoms of hay-fever.

I have recently cured a patient who before consulting me had "one cold after another," for many weary months. The first analysis of the urine showed the following:

Volume of urine in 24 hours, 820 cubic centimeters;
Specific gravity, 1027;
Total solids, 44 grammes;
Urea per liter, 27 grammes;
Urea per 24 hours, 19 grammes;
Phosphoric acid per liter, 2.28;
Phosphoric acid per 24 hours, 1.87;
Color of urine, red-yellow;
Reaction, acid.
No albumin.
Sediment.

Uric acid in large quantity in all specimens of urine, day, night and fresh. Uric acid crystals in form of rhombs innumerable; some large rosettes. Urate of sodium tolerably abundant. Micro-organisms not at all abundant.

The patient was put on anti-lithæmic diet and alkaline water, and at the end of ten weeks the urine was examined again and found to be as follows:

Volume in 24 hours, 1200 cubic centimeters;
Specific gravity, 1017;
Total solids, 41 grammes;
Urea per 1000, 16 grammes;
Urea per 24 hours, 19 grammes;
Phosphoric acid per liter, 1.63 grammes;
Phosphoric acid per 24 hours, 1.96 grammes;
Color of urine, yellow; slightly paler than normal;
Reaction, slightly acid;
Uric acid in the sediment of 24 hours' urine, very slight; none at all in fresh urine.

During the entire time of treatment the patient was entirely free from colds for the first time in months. Four weeks later he reported entirely free from the annoying "colds," although at the very time when the epidemic was raging. *Apropos*, I have noticed that a St. Louis physician claims to have had best success with sodium benzoate in treating cases during the late epidemic. It is possible that the "uric-acid devil" is giving us old wine in new bottles.

70 State Street.

DIET IN TYPHOID FEVER.

By J. W. MEANS, M. D.
TROY, O.

THE article in the March issue of the Medical Era on the above subject, by Dr. W. P. Hayward, should be read and thoroughly digested by every physician in the land. While I have never expressed my ideas publicly on this subject, I could not have done so more fully and truthfully than Dr. Hayward has done. My methods coincide with his exactly.

The prevailing idea that we must commence early to feed our typhoid patients that they may have the necessary strength to wear out the fever, has been proved erroneous and without foundation by our best teacher—experience.

In this community there has been an extraordinary number of typhoid fever cases during the last six months, and the mortality has been greater than for many years previous, but, I am happy to say, not among mine. From the first of last September to the first of March (6 months) I treated thirty cases of typhoid fever, duration of sickness from fourteen days to forty days, with but one fatality. This patient died on the fourteenth day from brain complication.

In no case did I urge feeding. I left that matter to the patient and gave him whatever he wanted. Plenty of water adds more to the comfort of a typhoid fever patient than anything one can do.

As to alcohol, or any form of stimulation in these cases at any time I am now prepared to point to the numerous monuments commemorative of the once animated forms as partial proof of stimulation and positive proof of the ignorance of the age on the rational treatment of typhoid fever. I now pronounce this doctrine of feeding and stimulation most pernicious and the cause of thousands of untimely deaths.

The supposed "toning up" or stimulation resulting from the administration of alcohol is simply nature calling into action its reserved force to expel from its borders its greatest enemy.

Give the indicated remedy. You will find it to be, usually one of the following: Arseni-

cum, Bryonia, Baptisia, Rhus, Hyoscyamus, and Nitric Acid.

If homœopaths would pay more attention to homœopathy and less to empiricism, their success would be greater and their conscience clearer. Let the regulars, as they term themselves, continue their war upon the microbes; their efforts will vanish in thin air, and they will eventually see that disease is not an entity, but a disturbed function due to disturbances of the vital forces.

THE MORPHINE HABIT.

By C. N. HAZELTON, M. D.
MORRISON, ILL.

IN presenting a few remarks on this subject it is hoped that they may encourage greater caution in the use of this drug.

Opium is a neurotic poison, a stimulant narcotic.

When morphine or opium is taken so as to secure its mildest physiological effects, a quieting influence is induced; a dreamy condition. Some suppose there is, in the first stage, an exaltation of mental activity, but in those who do not habitually take it mental power is diminished through all the stages of the drug action. After a variable time the first stage or condition noted passes into sleep, after which the patient may return at once to his normal condition, but he frequently experiences a state of depression with languor, headache and nausea.

After large and poisonous doses the first stage is brief or wanting, sleep coming on at once and becoming very deep, the person becoming comatose, with stertorous breathing and sinking into a profound lethargy. Death seems to be caused by suspended respiration for want of due influence from the brain, with contracted pupils and moist skin, and occurs in the third, or stage of prostration.

If opium is a very useful medicine, it is perhaps more liable to abuse than any other.

Rane says: "The habitual use of opium has in thousands of cases been brought about by the criminal ignorance and recklessness of physicians, who know not what they are doing, when they prescribe laudanum or morphine for any and every little pain, or use it as hypodermic injections." He also writes, "Its chronic effects may be summed up in the following: General emaciation; pale, shriveled complexion; dry skin; relaxation of the muscles; failure of the appetite; disturbed digestion, at the commencement obstinate constipation, followed later by dysenteric diarrhœa."

Super-added are fanciful, discontented temper; giddiness, headache, sleeplessness, all possible eccentric neuralgias; failure of memory, understanding, energy and will. Patients become untrustworthy; are very regardless of truth; will lie, especially when they are questioned regarding their habits. Also paralysis and diseases of the bladder follow. All this is gradually produced by the direct influence of opium upon the substance of the nerves.

When prescribed by physicians for a few days or weeks, difficulty is likely to be encountered on attempting its discontinuance, and a physician may find himself tempted to yield to a patient's demands for its use beyond the termination of the condition for which it was prescribed.

In the treatment of the opium habit the dose should be diminished by insensible degrees without the patient's knowledge. Control of the patient must be secured and his daily allowance dealt out; and in case he has a hypodermic syringe its use must be given up to some one else.

Gatchell says: "The rate of reduction should not be greater than 1-16 gr. hypodermically, or 1-5 gr. by stomach, each three to eight days. The necessary time must be given, even though it take a year. Never stop the opiate suddenly. Mix the dose of morphine with a quantity of the 1x or 2x trituration of nux v., or quin. sulph., gradually lessening the proportion of the former and increasing that of the latter, until the one comes to be substituted for the other. If laudanum be taken, pursue same plan, substituting tr. Coca Erythoxylon."

Avena sativa may be a useful substitute, requiring at least from one to three weeks for complete substitution. Where several morphine pills are taken at a dose I have known No. 30 pellets, one at a time, to be substituted, thus keeping up the number of pills.

Sometimes a friend or attendant of the patient will frustrate the physician's plans, by yielding to the demands of the patient in his absence. As has been already stated, absolute control of the patient is essential with any method. Keep the patient well nourished and correct gastric disturbances.

ACONITE THE ACTIVE.

By E. B. GROSVENOR, M. D.,
RICHMOND, INDIANA.

ACONITE produces an accelerated action of the entire arterial circulation, taxing the capacity of the arterial capillaries, hence giving rise to an active congestion of the entire organism. With active Aconite everything is working at high pressure. There is a nervous, restless tossing about which characterizes its entire action.

The pulse is at high tension, over 100 per minute, hard, full and bounding. Aconite is anxious, with fear and timidity, while the restlessness is ever present. The humor is variable,

sometimes happy, more often dejected, but always restless. The patient fears death, and even predicts the day he will die.

Vertigo, with blurring of vision when rising to a sitting posture, face turns pale when sitting up; faint feeling, attended with staggering to the right; a whirling, burning, agitated headache, with squeezing in the forehead as if everything would be pushed out of the forehead.

The face is hot and flushed, and the entire body feels as if on fire, so intense is the fever. The aconite fever is not local, but the entire body is involved in the exalted activity of the circulation and fever. Fever is preceded by a decided chill, leading to an intense fever, with no intermission or remission, until the sweat sets in, which is sour and profuse, followed by relief. The eyeballs feel large and hot, with a pressure as if they would be forced out of their sockets, with great sensitiveness to light or air.

The ears are very sensitive to sound; all sounds are active noises to Aconite. Repeated sneezing when taking a cold calls for Aconite, which will start the cold and save many an uncomfortable day. Smell is very acute; in fact, all the special senses are working at a high tension.

Neuralgia of the trigeminus, with an anxious, frightened expression, as if something dreadful would happen.

There is an active flow of saliva, while the lips tingle and feel numb, and the mouth and tongue burn; thirst intense; water feels as if it passed over a raw surface on its way to the stomach. Stinging and burning in the throat; so dry that it seems as if something was lodged there, while the molar and palate are inflamed and the thirst unquenchable.

Stomach and abdomen sensitive to touch, with burning from the stomach up through the æsophagus, with drinking of large quantities of water. Abdomen hot, with stitching pains in the region of the liver that interfere with respiration.

The stools are watery, green and slimy, scanty and fetid, accompanied with great urging to urinate. The urine comes a drop at a time, and burns like fire; very scanty red and dark, with great anxiety attending the pressive urging.

The croup cough of Aconite is dry, short, cracking and ringing, attended with agonizing tossing about and distress. Aconite is always the first and main remedy in croup; no other remedy equals it, and it will cure more cases of croup than any other remedy.

Stitches through the chest with great agony, causing the patient to sit up and gasp for breath, with anxiety and sweat. Palpitation of the heart, with great anxiety and restlessness, together with constriction of the chest and stitches in the region of the heart, while the pulse is full, strong and bounding, with a powerful beat. Tired, numb, aching and tingling in the limbs. When rising the legs feel numb and powerless, and the knees shaky. Bright, red inflamed condition of the joints, with swelling, tingling and stinging in the parts. Limbs so sensitive can not bear to have them touched, yet the patient is restless and constantly moves them about. All these are aggravated at night. The Aconite limbs ache all night.

Skin is hot and dry, with red miliary rash, but Aconite does not sweat much during the inflammatory action.

Anxious, restless dreams, with tossing about, awakens suddenly in a fright. Aconite is too active to sleep much. This is the active aconite, but when the system has become somewhat exhausted and relaxed from the action of the drug the patient falls off into a sleep and breaks out into a profuse sweat. This sweat is nature's means for counteracting the intense fire she has been under, and with it comes relief of all the symptoms.

Aconite is always worse at night, better in open air and daytime.

The rheumatic pains of Aconite are almost unbearable at night. Never give Aconite when fever and sweat present at the same time, for the aconite fever is intensely hot and dry, followed by a sweat usually sour.

The mental symptoms are characteristic, and if with the fever there is mental anguish, with anxious, restless tossing about, Aconite is the indicated remedy. The anguish will be fearful, even with prediction of the day of death.

Aconite: Decided chill, intense fever, profuse sweat, relief.

HYDROGEN PEROXIDE AS AN ANTISEPTIC.

By F. C. TITZELL, M. D.

OTTAWA, ILL.

I HAVE noticed a great deal of late on the use of Hydrogen peroxide as an antiseptic. Believing that a good thing can not have too much praise bestowed upon it, and that this is one of the good things, I desire to testify in its behalf. I know of no better way of reporting what I have noticed in regard to its antiseptic properties than to relate briefly an experience I had not long since.

One day last October I was called to see a man who had been shot in the right breast. The bullet, supposed to be a 32-caliber, struck the sixth rib in an oblique direction, about two inches to the right of the right nipple, glanced under it and on to the right, penetrating the pleura and the lung to a small extent. Owing to the valve-like opening there was no escape of air and, also owing to the fact of the lung being

penetrated but slightly and nothing but the smaller capillary vessels being ruptured, there was but little spitting of blood. The shock, which was not great, and the concomitant symptoms of wounds of this nature, were present. I probed the wound only enough to satisfy myself that the bullet was far enough out of reach to justify me in letting it alone, so I dressed and closed the wound as I thought with all the details of modern antiseptic surgery, and directed the patient to remain quietly in bed.

Everything went along nicely for a few days and I began to think there would be no trouble. His temperature rose 103° on the fourth day, and he suffered considerably from pleuritis pains, which, of course, was expected, so they caused no alarm, but a chance to prescribe a *similibum*, which was done. He gradually improved in every way. At the end of two weeks, although his temperature was still above normal, he seemed so well that I concluded that if he would remain quiet and indoors, he would get along well enough, so I discontinued my visits. In ten days from this time I was hastily summoned to the house again, and found my patient who had disobeyed my orders and had been up and out, sitting in a chair with his elbows on his knees and his face resting on his hands, almost strangling to death. His friends informed me and it needed no expert diagnostician to see, that something had broken. The fact of the matter was, he had had an abscess of the lung developed since I had seen him, and it had broken, indeed, as one could plainly discern, both by sight and smell, as he coughed up quantities of pus. On examining the wound which had closed nicely before I discontinued my visits, I could detect fluctuation, so I immediately reopened it and got a good, free discharge of pus. This relieved the dyspnœa somewhat, as well as the cough, but he continued to expectorate this purulent matter. I used carbolic acid bichloride of mercury but to no purpose.

The case was now getting serious. My patient was getting very weak; had a temperature of 103°; cold perspirations; coughed a great deal; took no nourishment, and said he was going to die, and I began to think so too.

I finally concluded, after consulting with Dr. Bascom, to try Hydrogen peroxide on this case. I procured some of Ch. Marchand's preparation, diluted it one-third with water, and injected it into the abscess cavity through the sinus which had been discharging freely since I reopened it. I did this daily for a week, and the effect was marvelous. At first there seemed to be an increased discharge, but it soon began to grow less, and finally ceased entirely. The temperature, which until this time had remained high, began to lower, and in ten days was down to normal. The cough gradually lessened in the number of paroxysms and the expectoration diminished in amount as well as in its purulent character. The patient improved in every respect; began to take nourishment, sleep better, perspire less and gain in strength. The wound was allowed to close again and the patient is now well and at work. In conclusion, I will say Hydrogen peroxide is a powerful antiseptic, and is to bacteria what carbonic acid gas is to animal life, sure death. Another valuable feature in its favor, and one found with none of the other antiseptics, is its apparent affinity for pus. When injected into a sinus or cavity it works its way into the smallest divisions and ramifications, and thoroughly aseptici zes them as nothing else will do. It is, as some one has remarked, a ferret indeed.

CHOLERA INFANTUM; SUMMER-COMPLAINT.

BY WILSON A. SMITH, M. D.,
MORGAN PARK, ILL.

THERE is a wide difference between cholera infantum and summer-complaint, and although they are classed under the same head in nearly all textbooks, it does not necessarily follow that the author is right in his nosology and the reader wrong. These remarks have nothing to do with this paper except to draw your attention to what is to follow.

Cholera infantum affects the whole nervous system, as well as the intestinal tract, while summer-complaint affects the intestinal tract alone. In cholera infantum the post-mortem shows but few lesions of the intestinal mucous membrane; in summer-complaint it is reddened, thicker than normal, and the glands of the intestines are often broken down, leaving the mucous membrane with follicular ulcers. Cholera infantum is quick in its results, either for better or worse. Summer complaint may last all summer. Cholera infantum requires but few remedies, but needs them promptly, while summer complaint may call for nearly every remedy in the materia medica. "Two symptoms: Free watery purging and vomiting, occurring again and again, either simultaneously or in close succession, constitute the prominent and distinctive features of cholera infantum."—*Conklin.*

Cholera infantum and summer complaint have symptoms in common; both have partial or complete suppression of urine, excessive thirst and emaciation. Genuine cholera infantum has but one cause, and that is due to the presence of ptomaines in the milk. Summer complaint has many causes, but chief of all is error in diet, feeding too frequently, and the lack of pure water to quench the thirst.

Dr. Ad. Lippe, in an article on cholera infantum in the *Homœopathic Physician*, July, 1884, gives the differential diagnosis so plainly that I take the liberty to quote him here.

"Cholera infantum:—Brain symptoms: dilated pupils, hot head, cold extremities, drowsiness, suppression of urine; child generally lies quiet, makes no expression of pain except rolling the head.

"Summer-complaint: Intestinal symptoms; child cries and screams, draws feet up from pain, followed by frequent discharges from the bowels; is restless, abdomen hot, quieted by carrying."

Dr. Lippe makes no differentiation in the diagnosis, but it is important that we should. In the first place an error in diagnosis might cost the patient's life, for in cholera infantum the character of discharges is of but little use as a guide to the remedy, while in summer complaint the reverse is the rule, and the discharges, their peculiar character, odor, irritating or non-irritating manner of expulsion, form the basis of the prescription.

Remember that in cholera infantum the brain symptoms are the important ones. The discharges and other indications furnish the concomitants to prove your choice of a remedy the correct one. In summer complaint the intestinal symptoms are the basis, while other symptoms are necessary to lead you to a certain selection of the remedy.

Dr. Lippe says: "Knowing that the gravest cases of cholera infantum appear without any previous indisposition, without any precursory diarrhœa * * * and that in just such cases all depends on the proper choice of the first remedy, we must be prepared beforehand to choose right and administer the remedy according to the Homœopathic law of cure."

The remedies most likely to be called for in cholera infantum are Belladonna, Croton, Veratrum alb., Podhpoyllum and Sulphur.

Belladonna is indicated when the head is hot, face red and hot or very pale and cold; tongue red on the edges, coated whitish yellow or the characteristic white stripes extending down on both sides of the tongue. Hands and feet cold.

Croton. The characteristic expulsion of the stool will generally be present when this remedy is indicated.

Apis. The peculiar cry indicates brain trouble.

Veratrum. Rice-water discharges with cramps of the extremities.

Podophyllum. Large, copious stools and frequent. Each stool seems to drain the patient, Also gagging is very characteristic.

Sulphur. This remedy may be of use in any condition when the system fails to respond to the indicated remedy.

The remedies for summer complaint are many, and you will find time to study up your case in this disease. I wish to call your attention to a new-old remedy that has been of service to me more than ten years ago. While following the practice of my profession in Iowa, we were confronted with a very large number of cases of summer diarrhœa in children, that had a disagreeable way of hanging on to the patient that was anything but comfortable either to patient or physician. A good old lady said to me one day: "Doctor, if you will make a tea of horse-weed or mare's tail beans and give it to the babies it will cure them." I acted on her suggestions, and believe that in it we have almost a specific for that condition in which the bowels seem to be acid, and no matter what kind of food you give, the discharges will continue, the baby become sore, puny and fretful. I took notice last year, and the following symptoms are generally present when this remedy is indicated: Stools small, excoriating, greenish, or yellowish green, blood-streaked; offensive odor and considerable tenesmus. It will not disappoint you when you give under such conditions. In an old botanic work (by Horton Howard, 1836), I found that it was recommended in chronic diarrhœa, dropsy, suppression of urine, inflammation of the kidneys, gravel, gout, cold hands and feet.

I often wonder whether, in the wild rush for new remedies, we have not left the old remedies almost forgotten that are more potent for the cure of the sick than the new ones.

One of the most important things in the treatment of cholera infantum and summer complaint is the diet, and I am inclined to the opinion that it is the most important. If it should be asked, what would be the best thing to do, either to give the right remedy or the right diet, and only one of these could be given, I should certainly say, "Attend to the diet." The remedy will cure one attack, but it will not prevent another, whereas, if the diet is exactly what is needed, there will be no more trouble.

The artificial food that has given me the best satisfaction is Nestle's milk food at the time of the attack, and for a little while afterward, then Mellin's food. I have had no experience with malted milk, but as it is prepared similarly to Nestle's food I am inclined to think it is just as beneficial. One objection I have to Nestle's, it seems to be devoid of producing fat, and children will lose in flesh that are kept on it constantly, although in some cases that would not be a serious objection. Mellin's food is also reliable, and I have made a practice in the past few years of following Nestle's food with Mel-

lin's when all danger has passed from the excessive diarrhœa, and the discharges have become normal.

REFRACTIVE ERRORS AS A FACTOR IN STOMACH TROUBLES.

BY F. LINDLEY HOAG, M. D.
GRAND RAPIDS, MICH.

MRS. H. was referred to me by her family physician, for "failing sight." The test gave:

O. D. 20–70. No improvement with either + or – glasses.

O. S. 20–70. Ditto.

I then tested her by retinoscopy, and estimated the error to be about 2 D. of hyperopia, but she would not accept the weakest glass. I dilated pupil with cocaine and made a thorough ophthalmoscopic examination, finding a perfectly healthy fundus. I then elicited the following history from her, which I will give in her own language:

"I have had a terrible liver for thirty years. I have been treated by prominent physicians in all schools, and calomel is the only medicine that does me any good. I have several times had bilious fever. Have had dyspepsia for years, and can eat only the plainest of food. About once in two or three weeks I have a bilious spell; vomit for a day or two. Sometimes the vomiting is preceded by headache, and at other times the headache does not commence for some time after the nausea. At other times scarcely any headache during the attack. Bowels constipated; tongue clean. I have never had any trouble with my sight until recently. I have never thought that using my eyes brought on these spells, yet I have never been able to use them very steadily near work."

I tested the muscles and found trouble with them. I gave Nux. vom. 1x three times per day, with instructions not to use the eyes, and to return in one week.

Nov. 18, O. D. 20–50d, O. S. 20–40d. Repeated prescription, to return in one week. Did not test.

Nov. 27.—O. D. 20–30d, O. S. 20–30. I then found M. Hy. 1D., which gave 20–30 O. W. Repeated Nux. to return in ten days.

Dec. 7.—O. D. 20–30 + 1.5 D. = 20–20. O. S. 20–30d + 1.5 D. = 20–20. I then prescribed 1.5 D. for constant use, and 2.25 D. for near work, gave sac. Lac. and ordered to report in ten days. She reported from time to time till May 20, '90, during which time she had only one slight attack of vomiting, and that soon after receiving the glasses. I gave no medicine after giving the glasses. A recent letter from her informs me that she has had no recurrence of the bilious spells and has been entirely free from headache, and that she has enjoyed better health than for years.

Mrs. C., aged 55, was referred to me Dec. 2, '90. Had been suffering for past six months from dyspepsia accompanied by extreme vertigo. About once a week she would have severe vomiting spells, and at these times opening the eyes or even moving the head seemed to produce extreme vertigo, which would cause renewal of vomiting. She had but little headache either during the attack or interval. Vertigo was persistent, but worse when lying, especially on left side. Has always had weak stomach.

Test gave O. D. 20–50 + 1 D. = 20–20. O. S. 20–50d + 1 D. = 20–20d. Fundus healthy.

Dec. 4.—O. D. 20–50 + 1.25 D. = 20–20. O. S. 20–50 + 1.25 D. = 20–20.

I then gave +1.25 D., O. N. for constant use and +3.25 D. for near work. There was a gradual improvement from that time to Jan. 1, '91, since which time she has had no attack and feels much improved generally. I gave this case no medicines but referred her back to her family physician, from whom I have learned that there was no material change in the treatment she received from him, so I feel that we, even at this early date, are justified in concluding that the uncorrected hyperopia was the exciting cause. Of course the question naturally arises, why had she been free from these spells so many years, and why did they develop at this time. I cannot positively say; who can? She had had a great deal of grief during the past year, and had wept a great deal. She was not nervous, but very apprehensive of impending danger, and very gloomy.

In the first case undoubtedly the eye strain had been active for all those years. Why the amblyopia should develop at that time, and yield so readily to rest and Nux, is an uncertainty. The subject of reflex conditions has been especially fashionable for the past few years, and many have claimed more for their peculiar hobby than later and more extended research will warrant. It has been the fortune—or misfortune as you like it—of the writer to sit under the teaching of an enthusiast (or crank) on the reflex effect of refractive errors and muscular weakness. I have heard the eminent professor make the unqualified statement that all cases of dyspepsia had either error of refraction or muscular anomalies. I had to believe him, for he "was an honorable man," and I a student. Subsequent experiences and observation have shaken that belief, till it is unbelief. I have seen many cases of dyspepsia where there was no error, and others where correcting it had no beneficial effect. "Honesty to students" ought to be a watchword of our teachers, for unwarranted reliance on any department of med-

icine will sooner or later bring both doctor and patient to grief.

If these two cases are carefully studied it will be seen that in neither of them were the eye symptoms prominent, to the patient at least, hence I think from careful observation that it is imperative in all cases where stomach troubles persist, to examine the refraction, and if at fault correct.

NARCOLEPSY.

By J. C. JUMP, M.D.
OBERLIN, OHIO.

I WAS much interested in the article of Dr. Heath on Narcolepsy in The Medical Era, June, 1890, and in that of Dr. Kaler, of September of the same year. I wish Dr. Kaler had recorded his remedy.

A lady forty-eight years of ago consulted me for an irresistible inclination to sleep when sitting. She was compelled to support herself and family by hard labor, and the more weary she was on sitting down, the more profound was her sleep. Usually she only slept a few minutes at a time. She would fall asleep while engaged in conversation, or while sewing or reading, as well as when unoccupied. She had suffered from this trouble several years before she came under my care. Her bowels were regular, and her general health good. Apis and Antimonium tartaricum in turn failed, but Nux moschata cured promptly.

CALCIUM PHOSPHATE.

By W. H. HALL, M. D.,
HAVANA, ILL.

CALCIUM PHOSPHATE is essential to animal life. From five to seven pounds are found in the bones of an adult person. The enamel of the teeth contains from eighty to ninety per cent and it is a constituent of almost every organ and tissue of the healthy body. Food that does not contain phosphate of lime will not long sustain life, and animals when wholly deprived of it gradually sink into a state of torpor, and die of inanition. Cerealia suitable to become food cannot be formed without the intervention and co-operation of phosphates, and a soil deprived of these constituents is totally incapable of producing grain, peas or beans.

The indications for the use of this substance as a remedy do not necessarily imply a deficiency of the salt within the organism. A paresis of function may be the result of overstimulation, and the proper medicinal quantity will restore to health by bringing about normal reaction. According to Schüssler, a disturbance in the molecular movements of any of the inorganic salts of a tissue produces disease. For the healing of such conditions, small doses of the indicated cell-forming remedy, fill up the gap in the chain of molecules peculiar to the unhealthy part. Calcium phosphate, says the author of bio-chemic therapeutics, has a chemical affinity for albumen, which forms the organic basis of this salt in the tissue cells. This accounts for its preference by homœopathic therapeutics to the calcium carbonate in the treatment of thin, emaciated subjects. When a diseased tissue is casting off albumin, it supplies the loss and restrains the waste until health is restored. When albumin is discovered in any of the secretions, Calcium phosphate may be successfully brought into service. It matters not whether the discharge is from the mucous membrane of the nose, mouth, pharynx, larynx, urethra, rectum, vagina, eczematous exudations of the skin, or, as albuminuria from abnormal conditions of the kidneys. So intimately is it concerned in the function of nutrition and assimilation that it ought to be a prominent remedy in all cases tending to inanition. Its power to hold in check too rapid elimination calls for its use as an intercurrent in disease where destruction of tissue is a prominent feature. It is required as a restorative during convalescence following acute diseases, and for the purpose of forming new blood-cells in case of ædemia from whatever cause. We will always think of it for profuse perspiration from moderate exertion, during sleep and in the course of acute disease, and never forget it in rachitis, slow filling up of the fontanelles, or the turbulent ills of tedious dentition. It is the chief ingredient of the so called "nerve foods" so commonly devised by crafty drug venders. Like sulphur it may be called for to bring about reaction when the system refuses to respond to the indicated remedy. It is similar to blues in the tired, weary feeling, with sore aching in all the muscles and joints, with aggravation by cold or inclement weather. A weak, empty, sinking sensation is characteristic. It is oftenest required for the purpose of cell-formation and tissue construction, to relieve the complaints of the young and growing, and ameliorate the ills incident to the waning vital forces of the aged.

Effects of Tobacco upon Health.—According to a Russian physician who has examined more than 1,000 men, women and children employed in tobacco factories, the constant exposure to tobacco dust induces nervous disorders of a marked character, such as dilatation of the pupils, exaggeration of the tendon reflex, tremor and dyspnœa. The employes are also subject to headache, fainting, gastralgia, muscular spasms and nervous coughs, without any perceptible disease of air passages.

MY EXPERIENCE WITH THE TISSUE REMEDIES.

BY A. G. DOWNER, M. D.
PRINCETON, ILL.

AS homœopaths, if we are to be Homœopaths in any sense of the word, we are obliged by careful study to discriminate between drugs, in their true adaptability to the case we are called to treat.

Too many of us I fear, fall into a habit of routine prescribing, and all perhaps goes on well until a case arises which seemingly baffles all our efforts; then we are obliged to bone down to study up the case.

All this can be avoided by a systematic study, that is, making regular pilgrimages to the oracle, Mother Materia Medica, and not be forced there "like a slave scourged to his dungeon," at times when we can ill afford the time. My first drug is not a new one, one of the tissue remedies of Schüssler, a remedy much abused, and was overused by our allopathic brethren, and one too little used in cases of need by Homœopaths, Calcarea Phosporica. I will first point out its worth in defective nutrition, thin, puny children, large heads, teeth develop slowly, long bones, as well as those of skull, weak and brittle, may vomit milk, windy diarrhœa, if diarrhœa is present, and too often after causing colic, face is pale and wrinkles are very markedly present. Child wants to be quiet, not acutely peevish, like as if the mind was weak. Here you will find recommended and of good use Baryta Carbonica. This drug may be of more use later, as the children are slow to talk but more inclined to be fretful and peevish. Silecia is a remedy that will have to be used intercurrently, in most cases, to aid in the bony formations, and with these three remedies, with careful feeding, and the use of the oil bath from once to twice a day, your children will do well.

One marked case of aggravation is always from dampness, and here are Dulcamara and Rhus Tox, only I think Dulcamara subjects are of the Catarrhal primarily, and secondarily rheumatic, and Rhus Tox has the rheumatic primarily.

Chronic Rheumatism, in damp weather, aching, soreness, stiffness of the neck, wrists and knees, will find in Calc. Phos. a source of aid.

In un-united fracture Calc. Phos., Silecia, and especially *Symphytum*, which may also be used locally.

In children with defective nutrition where there is a brain lesion, developing primarily in the brain and not coming from abdominal irritation, in a Calc. phos. patient, you will find valuable aid in Zinc Phos. and often Belladonna, should symptoms justify, and possibly *Cicuta Virosa* if spasms manifest themselves. This condition of mal-nutrition may follow up cases to puberty—the symptoms are marked and not to be mistaken, and I know that this drug should be used oftener and persisted in.

Ferrum Phos. is a very interesting remedy to me; it is the Aconite of chronic or subacute conditions. Generally speaking it is an excellent remedy in all chronic conditions remaining particularly after a recent acute attack, but I think more especially in diseases of the respiratory tract, bladder and bowel troubles. In bronchial troubles remaining after an influenza, such as the past winter was so fruitful of, or in subjects whereby a little cold or change of weather causes additional tightness and soreness with increased expectoration, with or without any particular cough, Ferrum Phos. will be a valuable aid if not a cure. In consumptive persons, the increase of soreness and pain from a cold, or in cases of pleurisy, acute or chronic, Ferrum Phos. is a great factor in the cure, with especially Bryonia.

In bladder troubles of children, alone or with Cantharis, but especially enuresis either diurnal or nocturnal, this remedy will be found of great service. Some cases of diarrhœa of mucus with blood without any pain, seemingly of an ulcerated character, with an apathetic condition. You will find always present in the Ferrum Phos. cases the anæmic tendency from the nature of the drug, Iron and Phosphorus. Let me add here, greater results will come from small doses of *Ferrum acet.* than all the fascinating *colossal* doses of Iron, given by allopaths as well as some homœopaths. In Rheumatic affections and other severe acute inflammations, I cannot see the result from Ferrum Phos., as highly as it is recommended.

One thing more, the administration of Ferrum Phos. will do great good, if not a cure of cases with a tendency to spit blood, especially in cases of vicarious menstruation.

Magnesium Phos. is a remedy which has a grand future in store, but it will do you good when properly used. In rheumatism it is a sovereign remedy, but I have been accustomed to use it with another remedy, as symptoms pointed to heart complications, or other side-issues in the case.

The use of Mag. Phos. with Kali Phos. in these cases, has been of great use to me.

I know the alternation of remedies is a mooted question, and of no doubt of good or ill, but in the hurry of the nineteenth century, a physician is forced to extremes, often against his will.

In neuralgia of face, and especially if caused by decayed or hollow teeth, with the relief from warm applications, Mag. Phos. will surprise

you. There is no use of disbelief, brother, "step out on the promises."

In flatulent dyspepsia, with sharp cutting pain, Mag. Phos. will render you good aid; it is highly spoken of in cramp, but I cannot verify the truth of the recommendation.

In menstrual troubles, first delayed and scanty flow, with the cramping pains, Mag. Phos. is a fine aid; here also we have the old reliable remedy, Cocculus.

Again, a profuse anticipating flow coming every three weeks in a weak subject, Mag. Phos. will be of great service. Why this remedy should act in two such opposite conditions is beyond my ken. Still, try it, and satisfy yourselves. Cough, dry, hoarse, and having a croupy tendency, will be admirably met by this remedy.

A few words about Kali Phos. This remedy in this section of country where there are so many and varied nervous affections is bound to be the sheet anchor.

It seems to be the one remedy for diseased nervous tissue, and for the nervous affection, disease or trouble, I care not what, Kali Phos. is the remedy that seems to strike right at the root of nerve nutrition. For the restlessness, with sleeplessness at night, it is one of the best remedies we have, and has all the virtues relative to a quiet, healthy sleep, and with the nerve tonicity as well. The base for which to turn is purely nervous, and it will act promptly and well.

For neuralgic headache, acute pain, in all cases when the neuralgic symptoms predominate—general debility of weak persons from long illness or neglected cases, in Kali Phos. find a remedy now to be always relied upon.

In cough, with expectoration of mucus, when cough is irritating, Kali Phos. is reliable.

I have thus rapidly given some points of a few of the tissue remedies that have a great future, and are of great aid to us in treatment of chronic diseases.

I think every observing physician should carefully note the verification and publish the result of his observations for mutual instruction.

NUGGETS FROM THE HOMŒOPATHIC MATERIA MEDICA.

By H. D. CHAMPLIN, A. B, M. D.
CLEVELAND, O.

IN that pain in the left hypochondrium, left side of the vertex, and sole of the left foot, or just within the crest of the left ileum, in young women and girls (due to vicarious congestion),

Aconite 3*x* *to* 12*x*.

Angina pectoris when almost any exertion brings on the pain,

Arnica 1*x* *to* 3*x*.

In chronic bronchitis of the aged, give

Arsenicum album 3*x*-6*x*-12*x*.

In hoarseness and aphonia with great relaxation of the muscular structures of the throat.

Baryta Carb. 6*x*-12*x*.

In cases of infantile diarrhœa when the child turns very red in the face before and during each motion, which is watery and expelled with great force, as from a syringe,

Belladonna 3*x*-30*x*.

Opacity of the cornea from badly healed ulcers; many cases are benefited and many cured, by Cannabis Sativa 1*x* *to* 30*x*.

Acrid heartburn, with very acid eructations, so that the tongue appears to be greatly irritated by their acridity, is a form of irritative dyspepsia, which is relieved very rapidly by

Conium 1*x* *to* 3*x*.

In fatty degeneration of the heart and in angina pectoris I have seen good results from

Cuprum acet. 6*x*, first;
Phytolacca dec. 6*x*, second.

For chronic cough, threatening phthisis, in anæmic patients who have a tendency to sudden flushings, with occasional slight hemorrhages:

Ferrum iodide 3*x* *to* 6*x*.

(Always give on a full stomach.)

Fainting fits of hysterical women,

Hyoscyamus 3*x*.

The stinging and itching in spinal irritation, as though needles or pins were thrust into the body, now here and now there,

Ledum pal. 30*x*.

Sleeplessness from embarrassed circulation, beating at the pit of the stomach, accompanied by profuse sweats, extreme depression of spirits and other nervous symptoms, requires

Mercurius 3*x*-6*x*.

Occipital headache and pain in the nape of the neck, in cases of exhausted nerve power, yield readily to, Phosphoric acid 6*x*-12*x*.

(Gelseminum, Glonoin and Picric acid are many times slovenly prescribed in these cases.)

In the loud barking cough, "stomach cough," occurring in hysterical girls and women.

Veratrum alb. 3*x*.

Hemorrhoids in pregnant women,

Euonymus atropurp. 1*x* *to* 3*x*.

Stomatitis, where apthous condition extends from mouth to anus, inability to eat, and hardly to drink, Kali mur. 3*x* *to* 6*x*.

LOCAL TREATMENT IN DIPHTHERIA.

THE following letters have been received in response to our request of last month:

From Dr. Small.

In offering a contribution to your symposium of experience let me premise a comparison made by me some years ago when prescription clerk in a city pharmacy: A family having six children lost five within two weeks, of diphtheria; the sixth, apparently the most weakly in the lot, recovered. The treatment internally was about the same for all, but locally there was a decided difference. The physician who cared for the five applied to each throat the solid silver-nitrate, while the physician who cared for the last case sprayed the throat with a solution of the permanganate of potash. The unexpected recovery of the last child led me to study the formulas upon our files and the results of the treatment so far as information was obtainable, and seventy-eight cases were traced; among them occurred thirteen deaths. Eleven of them had received caustic local applications, such as carbolic acid, perchloride of iron, chloride of lime, etc. Twenty-five of the cases had directly applied milder treatment, and of these but two died. Hence the seventy-eight cases could be thus tabulated:

Under caustic local applications, in 53 cases, 9 died; under weaker local applications, in 25 cases, 2 died.

For this reason, when I went into practice I never used the stronger measures.

Not to weary you with the failures and successes of the intervening years, let me say that out of them has developed a method that with me has proved excellent in result. Every such patient treated from my office or from the Shawmut Dispensary where I preside, is given, in addition to this homœopathic remedy, oxygen inhalations freely, and always has the throat sprayed with hydrogen peroxide in varying strength, for which whenever possible the steam atomizer is used, that a continuous spray may be about the patient. In forty-seven cases so treated there has been but one death, and there has been a remarkable freedom from post-diphtheritic paralysis, albuminuria and other sequelæ. Many of these cases have been very mild in type, which I attribute in part to an early and persistent use of the spray, for the recent researches of Babés and Roux seem to show that the grave symptoms of the disease follow absorption from the membrane; not that there is an organic invasion by the Klebs bacillus (which has never been found in the blood), but that there is taken into the circulation the product of this bacillus (the nicrotic material of Eberth, or disastasic poison of Löffler). Now, the peroxide of hydrogen not only decomposes the morbid product, but arrests the development of the bacilli—a proposition I should be glad to prove if space permitted, but which may be illustrated by a little experiment: Make two gelatine cultures with bits of membrane, rejecting the superficial layer, and after getting them well under way add to one a little peroxide of hydrogen; in about four days you will find the plain culture has grown very acid while the other remains alkaline, or neutral if an excess of peroxide has been used; you can readily inoculate from the acid medium, but not from the other. Try it.

Or, again, put some of the membrane under your microscope and note the masses of bacilli (methyl colors them blue); then use the peroxide spray for a day about the throat, and, my word for it, you will find in the majority of cases a marked diminution in the numbers of the enemy. Daily tests in a few cases will show that the quantity of bacilli varies directly with the intensity of the disease. Food for thought, isn't it?

HERBERT E. SMALL, M. D.

BOSTON, MASS.

From Dr. Thorpe.

To The MEDICAL ERA:

During a practice extending over ten years I have used local applications in the treatment of diphtheria. In the presence of this often formidable disease I should consider myself derelict of duty if I neglected any means which experience had proved to be useful in controlling it. In many mild cases I use nothing locally, depending on the administration of Belladonna or Mercurius deutoiodide, but in graver cases I use either liquor calcis chlorate, or peroxide of hydrogen (preferably the latter), through a Davidson spray apparatus, frequently repeated, and administer Mercurious cyan., deutoiodide, or Kali bichromicum, according to symptoms. The sense of comfort to the patient, the aseptic condition of the mouth and pharnyx, and the promptness with which the spread of the membrane is checked, and, above all, the success which has attended this treatment of diphtheria in my hands, fully justify me in the use of local adjuncts.

S. I. THORPE, M. D.

CLEVELAND, O.

From Dr. Bailey.

To The MEDICAL ERA:

I was much interested in reading the brief article on diphtheria by Dr. Satterlee, of Pennsylvania. I have passed through some very severe experiences with the disease in question, and my observations have led to the belief that the most severe and ob-

stinate cases to treat are those presenting very slight, comparatively slight, deposits in the throat, but showing marked depression from septic influences of the disease. This view seems to me true except in those cases where the pseudo-membrane, either from location or exuberance mechanically complicates the case. Hence, it would not to me seem safe to trust too far to topical applications. My treatment has always been the indicated remedy, usually one of the mercuries, careful nourishing, with milk and bovinine, and upon the least sign of weakness, free stimulation. Topically, I use a gargle of dilute alcohol, and when necessary, peroxide of hydrogen. I believe the peroxide if persistently used will do all that any one has ever claimed for it. It is marvelous in its effects. As a prophylactic I always use chlorinated lime-water, and with great confidence in its efficacy. I believe the most necessary points in the successful treatment of diphtheria are a clear recognition of the character of the disease, of the treatment you must pursue, of the emergencies that may arise, and the ways and means best fitted to meet them, and, last and most important of all, a never-ending tenacity and persistence.

BENJ. F. BAILEY, M. D.

LINCOLN, NEB.

From Dr. Sprague.

To The MEDICAL ERA:

In your current number you ask for communications regarding the treatment of diphtheria—particularly as to the use of *local applications.* Having had some experience in the treatment of that disease, both with and without the use of local applications, I unhesitatingly state that since I have discarded the use of local applications, in any and every form, I have had better results, and during the past six or seven years have lost but two or three cases from that disease, and these from heart failure, after all symptoms of throat affection had passed away. I can begin the treatment of a case with a great deal more confidence in results, by depending entirely upon homœopathic therapeutics, than I *ever* did when employing so-called local treatment. I leave the throat alone, so far as adjuvants go, and treat the patient by employing *only* such drugs as are to my mind homœopathic to the case. Without taking valuable space in *The* ERA by citing cases, I will say that I am satisfied with the results of such treatment.

C. G. SPRAGUE, M. D.

OMAHA, NEB.

From Dr. Bernard.

To The MEDICAL ERA:

The local treatment of diphtheria, outside of cleanliness, for the sake of prevention, can scarcely be considered a scientific method of treatment. Its practice is rather a mechanical one, and only gives the patient or friends an assurance that some forcible efforts are being used to overcome the disease. I believe, and my experience confirms my assertion, that we can do more for our cases of diphtheria by a strictly constitutional treatment than can be accomplished by all the other means combined. I have been able to cure a majority of my cases with three remedies: Aconite, belladonna, mercurius cyanuret. I have found the average run of cases to yield inside of twenty-four hours, and the membrane to disappear entirely in from three to five days. There are cases that will require a longer period than this, as well as other remedies, but I must say that mercurious cyanuret is one of the best remedies that we have with which to combat the disease. Other remedies, such as mercurius corr., kali bi., nitric acid, kali chlor., sulphur, and a few others, are almost indispensable. Cases that cannot be cured with these are either fatal from the beginning, or very exceptional.

C. C. BERNARD, M. D.

CHICAGO.

Hospitals and dispensaries encourage pauperism, dependence and deceit in a large class of the community already too fatally prone to depend upon the state or charity instead of upon prudence or self-help. This is but one of several reasons that would justify summoning the case before the public as a jury.—*Dr. G. M. Gould.*

Why typhoid fever is most prevalent and most fatal in the autumn no man knows; there are, indeed, few things in biological science more mysterious than this preference of infectious diseases for certain seasons of the year. Dr. Bryden, the great Indian sanitarian, compared it to the succession of plants in the different months of the year, and the analogy is probably in its basis sound.

A good cement for fastening porcelain or wedgewood pestles to wooden handles consists of a stiff paste made by the addition of glycerine to litharge. This should be applied to the wooden handle, and care taken that a close joint be made at the point of union, so that all danger of contaminating substances in the mortar may be avoided.

OPINIONS EXPRESSED.

Ether is a beastly anæsthetic.—*Dr. T. Gaillard Thomas.*

Where syphilis kills its tens, gonorrhœa kills its thousands.—*Lawson Tait.*

Gonorrhœa, indirectly, is more often the cause of death than syphilis.—*Dr. W. W. Van Buren.*

There are many points of likeness between the life history of acne and that of lupus.—*Dr. Edward Blake.*

The persistent presence of a bad odor in the breath of children is abnormal, and indicates disease.—*Dr. R. Starr.*

Patients have no doubt often succumbed to overdoses of brandy or wine in acute bronchitis, pneumonia and fevers.—*Dr. Drysdale.*

The gynecologist faces in daily practice many perplexing problems. He is expected to undo the results of indiscretion, carelessness, ignorance, and sometimes of crime.—*Dr. Mary A. Brinkman.*

In the present day and generation, in this country, syphilis is far from being the severe malady which it is reputed to be generally among the laity and largely by the profession. —*Dr. E. L. Keyes.*

Nature has provided a plenary abundance of food for the infant until the third day, and it is directly flying into the face of Providence to fill the new-born child's stomach with saccharine mixtures, gruel or the milk of quadrupeds. —*Dr. Hatfield.*

The inebriate, like the insane, always denies that his habit is the result of disease, and insists that he can stop at any time, and when he fails to do so ascribes the failure to some trifling condition of the surroundings.—*Dr. T. D. Crothers.*

That the health of the population has increased and the mortality has diminished during the last forty years is an undoubted and satisfactory fact, but this improvement cannot be attributed to any appreciable progress of orthodox therapeutics.—*Dr. R. E. Dudgeon.*

The State has ordained that one school of medicine is as regular as another, and there is but one regular profession of which the humblest homœopathic or eclectic physician is as regular an exponent as the most honored member of the organization which labored in vain to impose its own standard, instead of one standard, upon all physicians of the State.—*Dr. Geo. M. Dillow.*

SELECTIONS.

THE DANGERS OF PARTURITION.

BY T. GAILLARD THOMAS, M. D.

DID you ever think of the really critical nature of that great period in a woman's life, when she is apt to have inflicted upon her certain pathological conditions which persist for a greater or less length of time, if not cured by the art of the gynecologist—and sometimes, even in spite of that art, may last during her life?

Let us suppose a young girl has developed from the period of her birth regularly and normally up to that first great epoch of her life, which is known as ovulation and menstruation. She has been properly prepared for these important functions by suitable hygienic measures, judicious management, etc., and passes through this epoch without difficulty and without danger. She menstruates regularly and normally without any great degree of pain. From her fourteenth year she is preparing herself for matrimony until she reaches the eighteenth or twentieth year of her life. She is now married, and everything goes on well. No morbid condition develops in her system, and in the course of time she becomes pregnant.

Now, from the very moment of pregnancy, that woman's condition becomes entirely changed, so far as her sexual organs are concerned. No sooner does the product of conception find a lodgment in the uterus, than this organ commences to grow regularly and gradually until the end of the ninth month; the mucous lining of the uterus is changed, a decidual membrane forming a thick, carpet-like layer over the whole body of the uterus.

The child is now born, and within twenty-four hours after the birth of that child, a retrograde metamorphosis takes place instead of a formation of new tissue. Fatty degeneration occurs, and the child commences to suck away its mother's uterus, so to speak, through the fatty elements of the milk. A flaking off of the decidual membrane takes place—a moulting, as it were, just as a bird moults its feathers, and a leucorrhœal discharge now flows from the uterus. This discharge is of so poisonous, so virulent a nature, that if you were to vaccinate your finger with it, there would result a very ugly and irritating form of inflammation. This leucorrhœal discharge is composed of the dying mucous membrane of the uterus, which is coming away from the cavity of that organ; and at the end of about two months, with a rapidity which is positively wonderful, the uterus has again returned to its normal size. This poisonous mucous membrane has all passed away, the vagina has returned to its usual size, and the perineum and uterine ligaments have contracted,

the woman going back by a form of retrograde metamorphosis to her previous general condition. This is the picture as it is presented to you in normal parturition, without the intervention of any accidental condition.

But during the passage of the child from the uterus to the bed upon which the mother lies, a number of accidents may occur which will materially alter the character of this picture, and these accidents may destroy the life of the woman, or if not, may inflict permanent injury, despite even the best efforts that may be used by you to combat them. As the child passes out from the uterus, the cervix very frequently yields, and what is known as laceration of the cervix takes place. This laceration of the cervix may occur to a greater or less extent; it may extend up as far as the vaginal junction, on all sides at the same time; and this accident may take place with the very best and most skillful obstetrician sitting at the bedside of the patient and carefully and diligently watching every detail in this process. It is a condition the physician has no control over, and it is one that will always occur in a certain number of cases, make whatever effort you may to avoid it. It matters not at what period of pregnancy the uterus may empty itself, whether at the third, fourth, fifth or ninth month, this laceration is apt to occur.

Let us now assume this laceration has taken place. Everything is presently changed as far as that woman is concerned. We do not now see the same condition of affairs as existed in the picture I have just presented to your view. Before this rent had been made in the cervix, the lochial discharge passed over an unbroken mucous membrane, but now enters through this slit into the parenchyma of the uterus, to be absorbed by the veins and lymphatics and carried into the general circulation, poisoning that woman just as it would poison you if inoculated in an abrasion on your finger. After a time this rent in the cervix becomes covered over with a whitish, suspicious-looking material—an albuminous material—which prevents union of the parts. The uterus does not undergo involution as a result, and you have then forged the second link in this chain, laceration being the first.

Now, the lining membrane of the uterus, instead of flaking off properly as it should do, when the uterus undergoes involution, fails to do so, and at the end of two months, when that woman gets up from her sick bed, you have fungoid growths all over the lining membrane of the uterus. For the cause of these fungoid growths, go back to the original laceration, and you have then the third link in the chain.

Now when the woman gets up what, think you, is the condition of her uterus at that time? It is three or four times as large as it should be. In a very short time this large, flabby, soft uterus, instead of maintaining its normal relation in the pelvic cavity, undergoes displacement; and in uterine displacement, you have the fourth link of the chain of which laceration was the first. The fifth link is uterine catarrh.

Now, six months later, this woman comes to you for treatment, and before you examine her at all, you first question her. You find, first of all, that her nervous system is completely shattered. She cries when you ask her a question that is in any way disagreeable. She is, in fact, ready to cry without questioning her at all. She is now suffering from a great many things that she never suffered from before. The cervix is tender, and sexual intercourse painful. Her nervous system is suffering from another trouble; her husband is becoming dissatisfied, and she feels she is not performing her marital duty as she ought. At her menstrual period she now loses three times more blood than she ever lost before. She has in her uterus those fungoid growths which are, like so many leeches, constantly sucking away her blood. As a consequence of this, her blood is becoming constantly more watery; and this woman who, before her marriage, could walk with ease five miles without experiencing any discomfort, cannot now stand on her feet without great fatigue. She is unable to attend to her household duties, but remains listlessly lying on the lounge or bed, constantly suffering great physical and mental torture.

Do you consider this woman's lot a happy one? You ask her what she complains of, and she tells you how very much her mental state has depreciated since she gave birth to her child; how constantly this leucorrhœal material is flowing away from her uterus, except when she is unwell, when it is replaced by an excessive flow of blood. What is this leucorrhœal matter that is passing away in this manner? This leucorrhœal matter is to the blood of that woman what the white is to the egg—it is the albuminous portion, the rich element of her blood. Remember for how long a time it has been passing away; all the time, except during menstruation, she tells you, and then too, it flows, but it is masked by the blood. Is it any wonder then that her blood state is disordered, or that she is unhappy when standing; for that uterus, instead of occupying its normal position in the pelvis, is bent sharply backward or forward, the utero-sacral ligaments are put on the stretch, and these are about the only ligaments that really support the uterus and keep it in position.

We will now take another view of this case, and present to you another and different patho-

logical condition than the one I have just referred to. Let us suppose that the child passes through this woman's uterus without any laceration of the cervix. When it has emerged from the os, and comes down to the perineum, the tissues here are put upon the stretch and refuse to yield. As the child's head distends the perineum, the nose and chin rotate over it, and you have, as a result, a tear clean to the sphincter ani. You at once put the patient under an anæsthetic, and with due antiseptic precautions, sew up the rent in the perineum. You take the stitches out at the end of nine days, and find the tear just as bad as when the stitches were put in. What is the condition of that uterus? It undergoes a mechanical engorgement of venous blood —a slow, gradual hypergenesis of tissue takes place, and fungoid growths develop all over the congested and engorged organ. You have now a hyperplastic uterus, a congested and displaced uterus, a uterus with fungoid growths in it; and in a short time, the bladder, in sympathy with this organ, soon begins to develop symptoms of cystitis, the patient being compelled to get up three or four times a night to pass her urine. Her sleep is disturbed, her nervous system disordered, and uterine catarrh and menorrhagia ensue. A disturbance of the blood state which follows closely on disturbance of the nervous system gives to that woman a flabby, soft, muscular system instead of a sound and resilient one.

Let us now take another and entirely different case. You deliver a woman and no injury is done to the cervix or the perineum. You are a physician who has delivered a hundred women without a single untoward accident having occurred. You are, consequently, a most dangerous man to be about. You fancy there is some charm about you that prevents that condition known as septicæmia. Presently the spell is broken—the illusion is dissolved. Within the space of two short weeks you have lost three cases. You are now beginning to think you are not such a wonderful person as at first you were inclined to believe. Let us suppose this woman now has septicæmia. Some septic material has entered her body. As soon as that septic poison touches the mucous canal and enters the uterus, you have a development of bacilli of a most dangerous and virulent character, which entering the uterus, give you septic endometritis, passing upward and outward through the tubes into the peritoneal cavity, causing septic peritonitis, and very commonly, death. The very moment you discover the presence of this septic poison within the uterus, do not trust to the use of opium or turpentine stupes, or such useless drugs as antifebrine and antipyrine, but wash out the entire uterine cavity with some antiseptic solution, as far as you can reach, and if the septic poison be still in the uterus, you will save that woman's life.

Every one of the pathological changes I have here enumerated ought to be appreciated fully by you, and looked at from a different standpoint. You must try to study them out at the bedside, and if you follow the cue I have given you this morning, their study and recognition will become much easier to you. It matters not which one of these three conditions you have to deal with, you have a sick woman to treat in each case. The first great function in woman, the function of ovulation and menstruation, cannot take place normally in either one of them. So any one and all of the disorders of ovulation may develop in this woman. She may have ovarian dysmenorrhœa; she may have menorrhagia, or metrorrhagia. Sexual intercourse becomes painful, and even if she is willing to undergo this pain in order to gratify her husband's desires, he is likely to become infected with gonorrhœa. How about the next child-bearing period, you may ask? The woman is sterile; she begets no more children.

When a woman, such as I have just described, comes to your office for treatment, go over her case carefully and intelligently with reference to the time of occurrence of the trouble she complains of. Find out whether the disease has commenced with the first great function of woman's life—ovulation and menstruation, whether she has been damaged by matrimony, or whether her husband has transmitted to her a latent gonorrhœa. Find out whether the woman went to the *lit de misere*, as the French call it, a well woman, and came out diseased. If it be so, take the different links of the chain I have just forged, and try and find out if she sustained a laceration of the cervix during her delivery. Do not make a great noise about it, and tell her she has been treated by an ignoramus, for such an accident may happen to the very best men in our profession. Begin your treatment of the case. Where are you going to begin? At the first accident? Not at all, begin where your common sense tells you to begin. If the woman has a large, misplaced uterus, restore it to its normal position and keep it there by a suitable pessary. Then put the patient in bed and syringe her vagina thoroughly, or have her do so, three times a day, with warm water; and, at the end of a week, you will find the uterus much smaller than it was. At the end of a fortnight close up the cervix, cut out all you can of these diseased Nabothean follicles, which Tyler Smith, speaking of that portion of the cervix lying between the external and internal os, graphically describes as a jungle of mucous membrane containing over ten thousand Nabothean follicles.

Remove all you can of this jungle of tissue, and at the end of nine or ten days, with your pessary still in place, take out the stitches. You will then find the uterus to be smaller, the cervical catarrh has diminished by one-half, and the patient will tell you that she feels much better. That abundant exudation of the rich elements of the blood no longer takes place so freely, and she experiences a great deal less backache. The woman is beginning to have two feelings rising up within her breast—one is hope, and the other an unshaken confidence in her physician.

After closure of the cervix, the woman can leave the bed, and you begin to make applications to the lining membrane of the cervix, a strong solution of carbolic acid being the best. Put the patient on nutritious food, give her tonics and, within six weeks or so, you will get your patient in a very fair condition. But you have forgotten that the fungoid growths are still in the cavity of the uterus, and are robbing her of her blood. You must get rid of these growths by putting the woman under an anæsthetic and passing a wire curette to the fundus of the uterus, and scraping out the entire cavity very thoroughly under the strictest antiseptic precautions. In this way you free your patient from another source of blood impoverishment.

But, suppose the first link in this chain I speak of was not laceration of the cervix, but laceration of the perineum. Under these circumstances, you pursue the same line of treatment I have just alluded to. Use your common sense. Put the congested uterus in its normal position in the pelvis, and keep it there by a suitable pessary, use vaginal injections, scrape the cervical endometrium thoroughly, and when, after five or six months, you have the woman in a proper condition, then close the perineum in the usual way.—*International Journal of Surgery.*

The operation of the Minnesota Medical Practice Act has reduced the ratio of physicians, from one in six hundred and fifty, to one in twelve hundred and fifty. During the past three years two hundred and five candidates presented themselves for examination, seventy-seven of whom were rejected.

At the regular monthly meeting of the Boston Homœopathic Medical Society the subject for discussion was "Arsenic Poisoning, by Exposure to its Action when Contained in Wall Paper and Other Manufactured Articles." Resolutions were passed calling upon the legislature to prohibit the use of this dangerous poison in articles to be used in daily life by the people.

The Care of the Teeth in Childhood.

Doubtless many of the dental troubles of adult life are due to a careless disregard of the teeth when first erupted, and during the earlier years of life. Caries is the most frequent disease of the dental structures, occurring, as a rule, in early adolescence, soon after the teeth have been exposed to the wear and tear of their function, when the perfection of their structural development is put to the test, and is but too often found wanting, and in consequence of inherent defect incapable of resisting the action of pernicious influences, such as pressure of contiguous teeth, the solvent properties of abnormal saliva, and acid mucous secretion of the gums and oral tissues.

These conditions being the immediate causes of decay, the deposition of tartar of a peculiarly destructive character forming a nidus for the growth of bacteria and leptothrix, and rapidly affecting the enamel by disintegrating its structure; alveolar abscess and necrosis of the roots of the temporary teeth; the presence in the dental arch of supernumerary teeth, and other abnormal conditions call for prompt treatment. For not only is an irregular position of the teeth disfiguring, but by the increased and continuous pressure upon contiguous teeth, which this condition usually entails, it constitutes a most frequent cause of decay of their structures as well as being an occasional cause of certain systematic derangements arising from reflex nervous irritation.—*Archives Pædiatrics.*

Pericarditis in Childhood.

Ten cases of pericarditis in children were reported by Knoff. Of these ten there were three under one year of age, three between one and two, and four between six and ten. In these new-born pericarditis is most frequently due to a septicæmic process, the point of the departure of which is in the maternal organism or in the umbilicus. Among the chronic diseases, tuberculosis predisposes to pericarditis, so also do all the inflammatory processes of the pleura, the lungs, the sternum, the vertebral column, the bronchial and mediastinal glands, the thymus and the œsophagus. Inflammations of the abdominal organs and the peritoneum may also give rise to pericarditis. In six of the author's cases the pericarditis was determined by inflammatory processes of the pleura and lungs. In one it was due to chorea, in two it was consecutive to scarlatina, and in one the cause could not be ascertained. In the youngest patients minute and repeated examinations did not reveal any of the ordinary symptoms of pericarditis, such as weakening of the heart sounds, increase in the cardiac dullness, the dis-

ease developing without any appreciable symptom. By autopsy it was ascertainad that the exudation was usually not abundant, hence it could not influence the extent of dullness, the position of the heart, and the displacement of the contiguous organs. The exudation was also of a uniform degree of fluidity, without fibrinous deposit, the latter fact also accounting for the absence of friction murmurs. The diagnosis of pericarditis is not less difficult among older children, and the cases should be carefully examined every day if one would observe the modifications in the physical signs. A certain and early diagnosis is of great importance with reference to treatment, and hence with reference to the final issue of the case. Among the unfavorable complications of the disease may be mentioned adhesion together of the two layers of the pericardium, which will paralyze the cardiac muscle, and, on account of the resulting stasis, will lead to extensive dropsy. The principal symptoms of this form of cardiac paralysis are small and frequent pulse, subnormal temperature, œdema of the cheeks, lids, and lower extremities, and the presence of a small quantity of albumen in the urine.—*Archives Pædiatrics.*

Torsion of Arteries for Arrest of Hemorrhage.

For the arrest of hemorrhage there are two methods of torsion:

1st. Limited torsion, and
2d. Free torsion.

In the first method, two pairs of forceps are required. The first pair grasps the vessel at its cut extremity, and pulls it from the sheath. It is then seized by the second pair at a point from one-half an inch to an inch above the cut extremity of the artery; this second pair being held at right angles to the long axis of the vessel. The first pair is then given three or four sharp turns.

By the second method (free torsion), only one pair of forceps is required. It is the one recommended by Mr. Bryant as not being so likely to injure the external coat of the artery.

A good pair of forceps is required, which will hold the end of the artery firmly, and that has no lateral motion, and with serrations blunt enough to obviate any laceration or cutting of the part seized by the blades. The vessel should then be drawn out as in the application of the ligature, and three or four sharp rotations of the forceps made. In large arteries, such as the femoral, the rotation should be repeated till the sense of resistance has ceased. The ends should not be twisted off. In small arteries the number of rotations is of no importance, and their ends may be twisted off or not, as may be preferred.

The advantages of torsion as compared with ligation are:

1. The greater facility with which it can be applied. I am fully aware that this proposition is disputed, but to those who are familiar with both methods, there can be no doubt that torsion is the easier of the two. For the ligation of an artery, an assistant is required to seize the vessel and draw it out while the ligature is applied. For torsion, the surgeon requires no assistant. The vessel must be seized by the forceps in either case. In torsion it only requires three or four turns of the forceps to complete the process, which can be accomplished in as many seconds. When a ligature is applied, let the operator be ever so skilful, the thread may break or slip off the vessel, but if neither of these accidents occur, the process cannot be accomplished in anything like the same time.

2. Torsion is a safer method, being less liable to be followed by secondary hæmorrhage. This proposition has been absolutely proven by the experience in the use of torsion at Guy's Hospital, London, and my own experience is additional proof.

3. Healing is facilitated because the wound is free from any irritating or foreign body. This proposition is so plain that it should not require argument. It was true before the antiseptic treatment of wounds had come into such general use, but it is doubly so now. The catgut ligature is no doubt a safer ligature than the silk, for it does not require an ulcerative process for its discharge, and when this ligature has been made thoroughly antiseptic it is no doubt the best. But a ligature rendered thoroughly antiseptic is not always at hand, and those surgeons who have had most experience with the antiseptic treatment of wounds will, I think, be the first to admit that, in spite of their most careful attention, septic germs are often introduced into the wounds by means of the ligature. Even after every precaution in preparation and preservation, the handling of a ligature in its application is a frequent source of infection.

But there are other objections to its use. The catgut ligature may dissolve before the artery has become closed by the natural hæmostatic process, or it may unbind. Both of these accidents have been the frequent cause of secondary hæmorrhage.

On a recent visit to some of the principal hospitals in New York City, where operators and assistants possessed the greatest skill, I was not surprised to see that in many instances a ligature broke, or in other cases slipped off the vessels before they were secured. This was to me exceedingly annoying to witness, when I knew that the vessel could have been so easily twisted while they were in the grasp of the

forceps. When the question was asked one of these operators, a distinguished surgeon, "Why don't you resort to torsion?" the reply was, "We are afraid to trust it." This answer might have been given with equal force by Richard Wiseman in the seventeenth century, when asked why he did not resort to the ligature instead of the red-hot iron.

In a matter so important as the arrest of arterial hæmorrhage, it is proper that surgeons should be conservative, but there is such a thing as pushing conservatism too far. In the torsion of arteries, I claim we have an improvement upon ligation; its claims for recognition rest upon physiological arguments which cannot be shaken, and its reliability as a hæmostic has been proven by abundant experience.—*Dr. Murdock, in Jour. Am. Med. Asso.*

Dry Treatment of Open Wounds And Ulcers.

The method is as follows:

1. Secure a large external opening.
2. Change the dressing often enough to prevent an accumulation of moist discharge.
3. Dry off the surfaces at each dressing as perfectly as possible.
4. Place absorbent material firmly against every part of the raw surfaces, but leave the packing loose in the middle so that the cavity may more readily contract.
5. Place an abundance of absorbent material over the wound, so as to be in direct contact with the packing—no powder or drug intervening.
6. Use clean absorbent cotton for small wounds, gauze for large ones.
7. Clean the neighboring skin at each dressing with dry absorbent material, or wash it with alcohol, but allow no water, or watery solution, to come in contact with the wound or its surroundings.

Life Saving Methods in Still-Births.

A few weeks ago I was called to the bedside of a primipara in labor. The child's head was low in the pelvis, but for two hours there had been no progress. Extraction of the head by the forceps was easily accomplished, but the cord was found tight around the neck. It was divided with scissors, and the body was extracted. The child, however, had become asphyxiated, respiration had ceased, the heart-beat was scarcely perceptible. He placed the child upon a table, wrapped in warm cloths, expelled the mucus from the posterior fauces, passed a No. 8 English catheter into the trachea, and removed mucus by suction. The quantity of mucus in the bronchial tubes was large, and the catheter had to be introduced many times. Direct inflation was then practiced, and in ten minutes slight heart movements were observed, but these ceased again, and life-saving methods had to be continued for nearly three hours before respiratory movements were finally established. These methods consisted in removal of mucus from the bronchi, inflation through the catheter, warm-water baths with sprinkling of the epigastrium with cold water, and the use of Schultze's and Sylvester's methods alternately. Before using Sylvester's method it was necessary to draw the tongue forward and depress the base. The next day the child had spasms, but recovered after twenty-four hours, and remains to-day robust, and the joy of a family. According to my observation, the method usually pursued is to spank the child, wrap it in warm cloths, or dip it alternately in warm and cold water, and lay it away to die. But to manage those cases successfully require perseverance and a knowledge of the physiological laws involved.—*Dr. Wm. T. Lusk.*

Why the Stomach Does Not Digest Itself.

From a new study of this subject Dr. E. Sehrwald announces the following conclusions: 1. The balance between the alkali of the blood and the acid of the gastric juice does not follow, during life, the law of diffusion, but moves in narrower limits. 2. The self-digestion of the stomach is partly prevented by the alkalinity of the blood, and partly by cell-action. 3. The living epithelium interposed between the blood and the gastric juice prevents their mutual neutralization and preserves the alkalinity of the blood and the acidity of the gastric juice. 4. By this protection the stomach is spared a great deal of work of secretion and absorption. 5. The p otection furnished by the flowing blood is partly due to its alkalinity and partly to its properties as a nutritive liquid. 6. All influences which arrest the nutrition of the cells of the walls of the stomach, may lead to self-digestion and ulceration. The conditions which may be mentioned in this connection are, first, disturbances in the circulation; second, direct injury to the epithelium, and third, injuries of trophic nerves.—*Medizinische Wochenschrift.*

Food Before Sleep.

Many persons, though not actually sick, keep below par in strength and general tone, and I am of the opinion that fasting during the long intervals between supper and breakfast, and especially the complete emptiness of the stomach during sleep, adds greatly to the amount of emaciation, sleeplessness and general weakness we so often meet.

Physiology teaches that in the body there is a perpetual disintegration of tissue, sleeping or waking. It is therefore logical to believe that

the supply of nourishment should be somewhat continuous, especially in those who are below par, if we would counteract their emaciation and lowered degree of vitality; and as bodily exercise is suspended during sleep, with wear and tear correspondingly diminished, while digestion, assimilation and nutritive activity, continue as usual. The food furnished during this period adds more than is destroyed, and increased weight and improved general vigor are the results.

All beings except man are governed by natural instinct, and every being with a stomach, except man, eats before sleep; and even the human infant, guided by the same instinct, sucks frequently day and night, and if its stomach is empty for any prolonged period, it cries long and loud.

Anecdotal Homœopathy.

The following anecdotes concerning Hahnemann appear in the *Homœopathic League Tract* No. 33, published by the Homœopathic League of England. We think the matter is of sufficient interest to be reproduced for the benefit of the readers of THE MEDICAL ERA.

HAHNEMANN.

Like many earnest searchers after truth, Hahnemann seems to have been nearly totally destitute of humor. He could hardly perpetrate a joke, and seems to have been incapable of appreciating jocularity or, as he would have considered it, a want of earnestness, in others. Like Dr. Brown's dog Rab, life for him was "full o' seriousness, he could na get his fill o' fechtin'." This want of humor is not inconsistent with cheerfulness of disposition, and unless Hahnemann was particularly provoked by the attacks of his enemies or the heresies of his disciples he was not by any means morose or ill-tempered. But on the subject of homœopathy, and especially its technicalities, he admitted of no dissentient opinion, and though he changed his own views repeatedly he insisted that his disciples should take his word for law in every case.

Before Hahnemann's temper was spoiled by the persecutions of his medical opponents after the promulgation of his revolutionary medical doctrines, he displayed in some of his published works a cheery and even jocose spirit, of which we find no trace in his writings of a later date. Thus in his *Friend of Health*, published in 1792 and 1795, consisting of a series of popular articles chiefly on hygiene, we find much useful advice set forth occasionally in a lively and entertaining manner. We may give one specimen from an article written with a view of overthrowing the widespread superstition that occasional purgatives were useful to keep the body healthy. He introduces the subject in a letter from an imaginary retired captain. It runs thus:

"MY DEAR DOCTOR,—I have been advised to apply to you, as you have the character of always telling people in a pretty straightforward manner what they ought to do. It occurs to me, and my family surgeon has also reminded me, that it is surely high time for me, my wife and my children, to take a good dose of purgative physic. 'Your Honor,' he is always saying, 'only think what a quantity of dirt must accumulate in the abdomen in the course of half a year, if the refuse be not swept out and cleansed away at least once a month.' The like of us, to be sure, don't understand it, but one would think that of all the food and drink we take, some of it must occasionally stick in the body, though it may not be so desperately bad as my surgeon makes out. Thinks I to myself, if things collect in the system that way, then my shepherd, who is in his seventieth year and has never taken any physic in his life, must carry about with him in his belly impurities enough to fill a barrel. But my surgeon ought to know more about it than I do. The fellow has had, he assures me, great experience during the Seven Years' War; he has amputated a frightful lot of arms and legs in the military hospital, and helped to extract many bits of broken skulls. Do not blame me, doctor, for adopting his views; the chap makes an impression on one with his talk. He looks as fierce as a savage, stammers out horrible Latin and Greek words, gesticulates with his arms, and distorts his features to such an extent that one cannot help being impressed when one listens to him. And after all, what he says may be quite right, and is there any greater blessing than health? What a lot of diseases with Greek and Latin one might get in one's inside by neglecting to take proper precautions!"—and so on, exposing in this merry way the prevalent delusion with regard to the wholesomeness of an occasional "good clearing out" of the bowels.

HAHNEMANN'S GARDEN.

During the earlier years of Hahnemann's residence in Coethen, the calumnies and intrigues of the doctors and apothecaries had so prejudiced the citizens against him that he could not appear in the streets of the town without being insulted—sometimes even stones were thrown at him. Hence his walks became entirely limited to the little garden at the back of his house. An admirer who visited him at Coethen was taken by Hahnemann into this garden. "Herr Hofrath," said he, "so this is the garden where you take your daily walks—it is very narrow." "True," replied the old sage, "it is, as you say,

narrow, but you will allow that it is infinitely high."

HAHNEMANN IN PARIS.*

BY ERNEST LEGOUVE.

Samuel Hahnemann is one of the great innovators of the nineteenth century. He commenced about 1835† a medical revolution which still continues. I do not criticise the system, I only state the fact.

An accident, for which I cannot be too thankful, brought me into contact with him, at the moment when his reputation was in its full glory. I had something to do with it, and an account of the close relations which were established between us will assist us in our knowledge of this extraordinary and superior man.

My daughter, aged four years, was dying; our medical man, a physician of the Hotel Dieu, Dr. R——, had told one of our friends in the morning that she was irremediably lost. Her mother and I were watching, perhaps for the last time, beside her cradle; Schoelcher and Goubaux were watching along with us, and in the room there was also a young man in evening dress, whom we had only known three hours previously, one of M. Ingres' most distinguished pupils, Amaury Duval.

We wished to have a souvenir of the dear little creature whose fate we already bewailed, and Amaury, at the earnest entreaty of Schoelcher, who had gone to fetch him in the midst of a ball, consented to come and make this sad portrait. When the dear and charming artist (he was then twenty-nine years old) came, overcome with emotion in the midst of our distress, we had no idea, nor had he, that a few hours later he would do us the greatest service we had ever experienced, and that we should be indebted to him for something much more valuable than the likeness of our child, to wit, her life.

He placed at the foot of the cradle, on a high piece of furniture, a lamp, whose light fell on the child's face. Her eyes were already closed, her body was motionless, her disheveled hair hung about her forehead, and the pillow on which her head lay was not whiter than her cheeks and her little hand; but infancy has such a charm of its own that the near approach of death seemed only to lend an additional grace to her face.

Amaury spent the night in drawing her, and he had, poor fellow! to wipe his eyes very frequently in order to prevent his tears falling on his paper.

By morning the portrait was finished; under the stimulus of emotion he had produced a masterpiece. When about to leave us, in the midst of our thanks and our sorrow, he all at once said, "As your medical man declares your child's case hopeless, why do you not make a trial of the new medical system which is making such a noise in Paris? Why do you not send for Hahnemann?" "He is right," cried Goubaux, "Hahnemann is a near neighbor of mine. He lives in the Rue de Milan, opposite my institution. I do not know him, but that does not matter; I will go and bring him to you." He went; he found twenty patients in the waiting-room. The servant informed him he must wait and take his turn. "Wait!" said Goubaux, "my friend's daughter is dying! The doctor must come with me at once!" "But, sir——" exclaimed the servant. "I know, I know I am the last. What does that matter? 'The last shall be the first,' says the Evangelist." Then, turning to the patients, "Is that not so, ladies? Won't you oblige me by letting me go before you?" And, without waiting for a reply, he walked straight up to the door of the doctor's study, opened it, and burst in in the middle of a consultation. "Doctor," he said, addressing Hahnemann, "I know I am acting contrary to your rules, but you must leave all and come along with me. It's for a charming little girl, four years old, who will die if you do not come. You cannot let her die! That's impossible!" And the irresistible charm of his manner prevailed, as it always does, and one hour afterward Hahnemann and his wife came with him into our little patient's room.

In the midst of all the troubles that distracted my poor head, racked by pain and want of sleep, I thought I saw one of the queer people of Hoffman's fairy tales enter the room. Short in stature, but stout, and with a firm step, he advanced, wrapped in a fur great-coat, and supported by a thick gold-headed cane. He was about eighty years of age; his head of admirable shape; his hair white and silky; brushed back and carefully curled round his neck; his eyes were dark blue in the center, with a whitish circle round the pupils; his mouth imperious, the lower lip projecting; his nose aquiline.

When he entered he walked straight up to the cradle, threw a piercing glance at the child, asked for particulars about her disease, never taking his eyes off the patient. Then his cheeks became flushed, the veins of his forehead swelled, and he exclaimed in an angry voice, "Throw out of the window all those drugs and bottles I see there! Carry the cradle out of this room. Change the sheets and the pillows, and give her as much water to drink as she likes. They have put a panful of hot coals in

* From *Le Temps*.

† 1835 was the year Hahnemann removed to Paris. As a Frenchman, M. Legouve would naturally think that was the date of the discovery of homœopathy, though that event occurred about forty years previously.

her inside! We must first extinguish the fire, and then we will see what can be done."

We hinted that this change of temperature and linen might be dangerous to her. "What is killing her," he replied impatiently, "is this atmosphere and these drugs. Get her into the drawing-room; I will come again in the evening. And mind, you give her water! water! water!"

He came again that evening; he came again the next day, and began to give his medicines, and each time he only said, "Another day gained!" On the tenth day dangerous symptoms suddenly developed themselves. Her knees became cold. He came at eight o'clock in the evening, and remained for a quarter of an hour beside the bed, apparently a prey to great anxiety. At last, after consultation with his wife, who always accompanied him, he gave us a medicine, with the remark, "Give her this, and notice if between this and one o'clock the pulse gets stronger." At eleven o'clock, while feeling her wrist, I fancied I perceived a slight modification of the pulse. I called to my wife; I called to Goubaux and Schoelcher.

And now see us all feeling the pulse, one after the other, looking at the watch, counting the beats, not daring to affirm anything, not daring to rejoice, until, at the expiration of a few minutes, we all four embraced one another—the pulse was certainly stronger! About midnight Chreteu Uhran came in. He came toward me, and, in an accent of profound conviction, said, "Dear M. Legouve, your daughter is saved!" "She is certainly a little better," I replied, still despondingly, "but between that and being cured—" "I tell you she is saved," and going to the cradle, he kissed the child on her forehead and took his departure. Eight days after this the patient was convalescent.

When my daughter was cured I showed Hahnemann Amaury Duval's delicious drawing. He gazed long and admiringly at this portrait, which represented the little resuscitated girl as she was when he first saw her, when she seemed so near death. He then asked me to give him a pen, and he wrote beneath it:

"Dieu l'a benie et l'a sauvée."
"SAMUEL HAHNEMANN."

A Valetudinarian in Search of Health.

BY DR. C. HERING.

Whilst traveling in Germany I one day came to a village, the proprietor of which invited me to spend the night at his house, in place of putting up at the inn. He was a rich old gentleman, a great original, always an invalid, having *ennui* and good wine to a great extent. Learning that I was a young medical man about to commence my travels, he told me he would sooner make his son a hangman than a doctor. On my expressing surprise at the observation, he produced a large book, saying it was now twenty years since he first became ill in body but not in mind; that two doctors of celebrity whom he then consulted had quarreled about his disease, and that, consequently, he had employed neither of them or their medicines, but he had registered the affair in his book. Then, after finding the disease did not get better, he set out on his travels, resolved, *if he could find three doctors who perfectly agreed upon his case without hesitation*, to allow himself to be treated by them, but never by any other. For this purpose he had consulted at first all physicians of any reputation, and afterward others whose names were less known, but having, in spite of all his sufferings, never abandoned his first resolution, and keeping exact account of every consultation in a book for the purpose, he never succeeded in finding any who agreed respecting his case. Accordingly, not having followed the advice of any, he still remained an invalid, but he was still alive. As may well be supposed, the book had cost him a pretty sum of money.

This book had the appearance of a ledger in large folio, and was kept in the form of tables. In the first column were the names of the physicians, amounting to 477; in the second those of the disease, with explanations concerning its nature; of these were 313 differing importantly from each other; in the third column were the remedies proposed; these consisted of 832 prescriptions, containing in all 1,097 remedies. The sum total appeared at the end of each page.

He took up a pen and said coolly, "Won't you prescribe something for me?" But having no great inclination to do so, I only asked if Hahnemann was not in his list. With a smile he turned to No. 301, name of the disease O, remedy prescribed O. "That was the wisest of the lot," he cried, "for he said that the *name* of the disease did not concern him, and that the name of the remedy did not concern me, but that the cure was the essential point." "But why," I inquired, "did you not allow him to treat you?" "Because," he replied, "he was but one, and I must have three who agree."

I asked him if he was willing to sacrifice some hundred francs for an experiment, in which case I should be able to mention not *three* but *thirty-three* physicians living in the neighborhood, and in countries and parts of the world widely separate, who should all be of one opinion. He expressed his doubts, but at the same time resolved to undertake the trial. We then made out a description of his disease, and when the copies were finished we sent them to thirty-three homœopathic practitioners. He inclosed a louis d'or in each letter, begging each physician to name the remedies which were

capable of curing, or at least alleviating his disease. A short time since I received a cask of Rhenish, of the vintage of 1822. "I send you wine of the year 1822," he wrote, "because twenty-two physicians agreed respecting my case. I thereby perceive that there is certainty in some things in this world. I have got various works on the subject, in order to gain information upon it, but of about two hundred medicines twenty-two physicians have fixed upon the same remedy. One could not expect more. The physician nearest me has got me under his care and I send you the wine that I may not be tempted to drink too much from joy at seeing my health improving from day to day."

KNAVE OR FOOL?

Homœopathy, as is well known, was first practiced in England by Dr. Quin in 1828. Dr. Quin was eminently qualified to be the pioneer of the new system. Endowed with great intellectual powers, master of three or four modern languages, and one of the best *raconteurs* of the day, he was admirably fitted to shine in the best society, to which he obtained ready admission from his position as physician to Prince Leopold, afterward King of the Belgians. Soon after settling down to practice in London he was invited to dine at the house of a nobleman, and having been detained by professional engagements he came in late and quietly slipped into his appointed place at table. He was highly amused to find his neighbors on either hand, to whom he was personally unknown, engaged in animated conversation about himself. "Have you heard," said one, "of this new-fangled system that has been introduced by a Dr. Quin? It is said to consist in giving medicines which produce on the healthy diseases similar to the diseases to be cured, but in such very small doses as to be absolutely ridiculous." "Why the man must be a fool!" exclaimed the guest on the other side of Dr. Quin. "More knave than fool, I should imagine," replied the other. "Pardon me, gentlemen, for interrupting you," said Dr. Quin, "but I think it right to inform you that I am Dr. Quin." His neighbors stammered out apologies for their inadvertent rudeness, but Dr. Quin set them at their ease by saying, "No offence, gentlemen; and to show you that I bear no ill will I shall be happy to take a glass of wine with both of you—with you, sir, in my character of fool, and with you, sir, in my character of knave." The neighbors were greatly relieved to find that Dr. Quin took the incident so good naturedly, and before dinner was ended the charm of Dr. Quin's conversation quite dispelled their prejudices, and gained their esteem to such a degree that they became not only his friends, but eventually his patients.

WORTH KNOWING.

In nourishment by enemata large injections are preferable to small ones. The latter must necessarily be more frequently introduced, giving rise sometimes to very grave irritation or actual inflammation of the intestinal coats.—*Dr. Hamilton.*

Always search carefully for foreign bodies on the cornea and on the conjunctiva in cases of inflammation of one eye coming on suddenly and without other apparent cause. Remove them, when found, with as little injury to the surrounding parts as possible.

It is reported of Dr. Sonenburg, professor of surgery in the University of Berlin, that his coachman ran down a woman and broke both of her legs, while driving the doctor on the street. Instead of stopping and looking after the woman's injury, the latter ordered his coachman to drive rapidly away, that he might not be recognized. The crowd that saw the accident, however, caught the carriage, dragged him from it and beat him unmercifully. The police, however, rescued and protected him to the jail.

When a foreign body is lodged within the eyeball, especially in the ciliary region, the patient is in danger of losing the fellow-eye by sympathetic inflammation, whether the foreign body is removed or not. The removal of the foreign body greatly lessens such danger. If the foreign body has already destroyed the sight, the eye should be enucleated without delay: and if sympathetic inflammation sets in, the sooner the eyeball containing the foreign body is enucleated the better will be the patient's chances of retaining useful sight.

The odor of the fæces is most marked where there is obstruction to the flow of bile; it is then offensive, putrid and cadaverous. This also occurs in chronic catarrhs, although to a less extent. In ulceration of the intestines (cancer, syphilis) and in cases of old suppurating rectal fistulas the odor is more fœtid and ichorous. Profuse watery discharges, such as are observed in chronic enteritis and intestinal ulceration, are often perfectly odorless. In habitual constipation due to excessive production of hydrochloric acid, the odor of the fæces is sometimes designated as "acid."

Some recent experiments upon feeding swine, undertaken under the auspices of the State of Michigan, have shown not only the well-known fact that the proportion of fat in the body is dependent upon the manner of feeding, but also that the vigor and development of muscles and bony skeleton can be varied at will by the selection of appropriate food. Moreover, it was shown in these experiments, as might in-

deed be expected, that the feeding of the sow, previous to and during pregnancy, had a great influence upon the size and vigor of her litter, and upon their subsequent power of resistance to disease.

In the lying-in chamber the fear of septicæmia will ever haunt me, but I have long since abandoned the idea cherished by that class of waistless and witless nurses, now happily obsolescent, that the parturient woman is to be swathed like a mummy and kept as immovable. What earthly harm can accrue to a woman after a natural labor if she turns over from side to side, sits up in bed, or even gets up to use the commode, if she feels like it, I cannot see. Natural labor is a physiological process, not a pathological one, but tradition has thrown around the lying-in bed a glamour of mischievous sentiment.—*Dr. Wm. Goodell.*

An American physician who was at the Berlin Congress gives the following account of the extent to which drinking was indulged in: "I regret to say that the bigger the man the more he was inebriated. Upon a professor whose name is a household word over the medical world, artificial respiration was practiced for almost an hour. Another professor who has revolutionized one of the most important of medical branches, had a bad cut in his head from a fall. A French physician renowned for fighting temperance, was too drunk to spell his own name. Two men were seen hugging each other, who are known as irreconcilable antagonists in science, one a leader of German bacteriologists, the other a Paris professor who does not believe in bacilli."

From a Discussion which recently took place in the Philadelphia County Medical Society, it would appear that the minor gynæcologists in and around that city are persistently causing pus tubes and peritonitis by the use of the uterine sound, curette, dilator and electricity, and that the major gynæcologists are kept running hither and thither to save, by laparotomy, the lives of the unfortunate victims of the minors. The situation is certainly a sad one, and anything but creditable to the minor gynæcologists. We sincerely hope that this charge against the minors may be met by them, and the disagreements amicably adjusted, else the name by which this ancient city is generally known—the City of Brotherly Love—will, so far at least as the medical profession is concerned, soon cease to be applicable.

Unfortunately it is a fact that children throughout the country are growing up to manhood and womanhood carrying with them the hernias of infancy because of lack of proper attention on the part of the family physician. The case has been brought to him, and he has "prescribed" a truss, and recommended a druggist or instrument-maker who deals in those articles. Having done this he feels that he has discharged his whole duty to the patient, and gives the case no further thought. The dealer sells to the parent whatever truss he happens to be interested in, or have in stock, the case itself having little or no influence in deciding what form of appliance is to be worn; nor in the majority of instances is the instrument selected ever shaped or moulded to the form of the unfortunate infant who is to wear it. In fact, the baby is fitted to the truss and not the truss to the baby.—*Dr. De Garms.*

Sanitary science has taught us that, theoretically at least, there is a way of preventing typhoid fever and its congeners, and sanitary legislation has taught us that where there is a will there is a practical way also. But the increased liability to certain infectious diseases at certain periods is a point worth bearing in mind; for instance, the typhoid fever which is now producing irremediable gaps in the families of high and low, was probably contracted during the brief summer which came to this country with the last days of August. The moral is almost too trite to enforce: A chain is no stronger than its weakest link. Until every man sets his own house in order, and insists that all hotel-keepers, lodging house owners and restaurateurs take the pains to make the sanitary arrangements of their houses conform to rules of construction so well understood and so often repeated that it would seem that everybody ought to know them by heart, so long shall we hear from time to time of frightful fatalities.

Not long ago I was in a cigar-maker's establishment, and I noticed that every cigar-maker, when he was finishing the end of a cigar, wet the forefinger and thumb with his lips to point it nicely. I wondered at the time if he had a lip-chancre; and question if the disease has not been given to many persons in that way. I know of a case where, a few days ago, a lady kissed every female in the room, and one of the persons in that room I know had syphilis. Some people make a business of kissing everything, kissing animals, birds, dogs and cats, and it is very suggestive of the transmission of disease. The habit of putting money into the mouth, that some people have, is one that might lead to syphilitic infection. A butcher or grocer will often hold half a dozen bills in his mouth, and grown people will put silver pieces

and pennies in their mouths; and I have wondered that the habit has not been more productive of disease than we have observed. At all events it is well to have our attention and that of the public called to the means of contracting syphilis and other diseases.—*Dr. Holborn.*

In all young children who suffer with digestive troubles the matter of the diet is of the utmost importance. The essential point in a case of acute dyspepsia consists in keeping the digestive organs, especially the stomach, free from contact with all irritating medicaments, and in providing such food as the digestive organs can dispose of. The etiology of such conditions should be more carefully studied than is the custom. In many cases of dyspepsia in children which have recently been weaned, it will suffice to put the child at the breast again for a time. In cases which are due to bad cow's milk, habitual overfeeding, or to the presence of pathogenic substances, the contents of the stomach must be removed as soon as possible and the mucous membrane fitted to perform its functions. Irrigation of the stomach will accomplish this end with satisfaction. After irrigation the stomach should be allowed to rest for one or two days, only water, or albumin water, or orange juice, or tea being given. As feeding is resumed, all necessary precautions must be used to prevent a recurrence of the morbid condition.

Adelina Patti has been wiser than most of her contemporaries, and though she is nearly fifty years old she does not, upon the stage, betray her age in face or figure, while her voice still possesses many of its most delightful attributes. Nilsson, Kellogg, and many others who, if it were possible to present the facts, were as little moderate as they, came into prominence some time after Patti had reached the pinnacle of her fame, and disappeared while she was still a great singer. Through all her artistic career she has taken excessively good care of herself. Her aim has been moderation in diet and the avoidance of all stimulants except a little whiskey used medicinally. Very properly she is opposed to the habitual use, even in moderation, of wines, whether dry or not, their astringency and sweetness being ruinous to the voice. Pastry and rich stuff of all kinds she has avoided, and she has great faith in, and fondness for, soup. All this is only common sense, though it is not commonly practiced, and it has enabled Mme. Patti to preserve a graceful figure, a face that shows few of Time's tracings, and a voice that has no rival among the singers of to-day, even though it has lost some of its early freshness.—*Dr. C. A. Welles.*

Let me express my disbelief that mammary abscess comes from "caked" breasts, or from breasts over distended from a secretion too great for the infant's needs. Mammary abscess in the suckling woman comes, in my opinion, from cracked nipples, and from cracked nipples alone. In proof of this let me ask my readers if any one of them has ever had a case of mastitis after a miscarriage, or one of gathered breast following a still-birth—always provided the breasts were let pretty much alone so far as pumping and sucking are concerned. Under these circumstances the unsucked and unpumped breast will swell up and grow painfully hard, but will not inflame or suppurate. Let me not be understood as saying that an overdistended breast should not be relieved by sucking or pumping; but the means employed for this relief must be so sparingly used, and at such long intervals, as not to crack the nipples. This immunity from mammary abscess after miscarriages and still-births is attributed by the physician to his local applications of belladonna, or other milk-drying drugs. But it comes from the absence of the exciting cause of cracked nipples—a sucking child.—*Dr. Wm. Goodell.*

Mucus mixed with the fæces is not characteristic either of gastric or intestinal disease, but an evacuation of *pure mucus* is indicative of one or the other of these affections. If disturbances of gastric digestion are simultaneously present, there is good reason to suspect the existence of a catarrhal process in the stomach or intestines. The fæces may present an appearance like those of the sheep, both in chronic gastric and intestinal diseases; this indicating an abnormal inactivity of the peristaltic movements, in consequence of which the fæces lose part of their watery element. The discharge of long fibrinous shreds, accompanied with violent pains is an important symptom of *membranous colitis. Blood* in the stools may be a symptom of the most diverse diseases. It is sometimes mixed in small quantities with greatly hardened fæces, even under normal conditions. In general we may say that *the less altered the blood appears to be the lower the section of intestine from which it comes.* The presence of fresh blood will lead us to refer the source of the hemorrhage to the lower portions of the colon, or even the rectum, while tar-colored decomposed blood, intimately mixed with the fæces, indicates that it is derived from the upper portion of the canal, especially the stomach and duodenum. In cases, however, where there is profuse venous hemorrhage due to rupture of vessels, the blood coming from the upper part of the intestines may be unchanged.—*Dietetic Gazette.*

Pædriatic Hints.

Always teach a nurse that a child cannot swallow as long as the spoon is between the teeth; that it is advisable to depress the tongue a brief moment and withdraw the spoonful at once, and that now and then a momentary compression of the nose is a good adjuvant.

The taste of quinine is disguised by coffee, chocolate and simple elixir.

Powders must be thoroughly moistened; unless they be so, the powder adhering to the fauces is apt to produce vomiting.

Inunctions require a clean surface, and are best made where the epidermis is thin and the net of lymph-ducts very extensive, as on the inner aspect of the forearm and the thigh.

Babies, after having taken opiates for some time, demand larger and sometimes quite large doses to yield a sufficient effect.

Febrifuges and cardiac tonics, such as quinine, antipyrin, digitalis, strophanthus, sparteine, convallaria, etc., are tolerated and demanded by infants and children in larger doses than the ages of the patients would appear to justify.

Mercurials affect the gums very much less in young than in advanced age.

The rectum of the young is straight, the sacrum but little concave, the sphincter ani feeble, and self-control is developed but gradually; for these reasons, rectal injection is allowed to flow out or is vehemently expelled. Therefore, one which is expected to be retained must not irritate. The blandest and mildest is a solution of six or seven parts of chloride of sodium in a thousand parts of water (teaspoonful salt to quart water), which serves as a good vehicle for medicine unless incompatible with the latter. The injection must be made while the child is lying on its side (preferably the left side), not on the belly, over the lap of the nurse, for in this position the space inside the narrow infantile pelvis is reduced to almost nothing.

In many cases of intense intestinal catarrh, large and hot (104° to 108° F.), enemata will relieve the irritability of the bowels and contribute to recovery. They must be repeated several times daily. When there are many stools, and these complicated with tenesmus, an injection, tepid or hot, must or may be made after every defecation, and will speedily relieve the tenesmus.—*Dr. A. Jacobi.*

THE ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION claims your attention this month.

ANNOUNCEMENTS.

A Special Attraction at Atlantic City.

Our enterprising committeemen at Atlantic City, Drs. Youngman, Crosby and Baily, are determined to leave nothing undone that can, in any way, contribute to the entertainment of those who attend the convention in June. They have decided to have moonlight evenings during the entire session, with moonlight drives, moonlight sails, moonlight strolls, and, to crown all, a "moonrise on the ocean," with, if possible, a ship driven under full sail across the face of Luna as she emerges from the deep. Front seats reserved for the young folks. Timorous bachelor physicians without escort will be chaperoned by the Institute seniors. Umbrellas strictly prohibited.

Missouri.

The Homœopathic Medical College of Missouri held its commencement exercises March 24, 1891, at Pickwick Theater, when degrees were conferred upon the following:

Jacob Smith, John Dryden, W. R. Young, E. A. Elfeld, A. Killmer, J. B. Julian, Dennis Lyons, H. L. Lott, W. W. Minick, C. F. Hitchcock, Frank Saitz, R. Y. Henry, E. D. Wilcox, Lina Rosat, and Lizzie Lovejoy.

Iowa.

The Twenty-second annual session of the Hahnemann Medical Association of Iowa, will be held at Des Moines, Ia., Tuesday and Wednesday, May 12 and 13. An unusual number of valuable papers are already promised.

A. P. HANCHETT, M. D. *Sec'y.*

A Case for Counsel.

Mr. R., æt. 29, of correct habits, comes to me in despair. During his boyhood he was addicted to masturbation and when he did give up the habit he was subject to seminal emissions. He was advised to marry, but he found that ejaculation was almost immediately on contact, which is still his condition. He has been under homœopathic treatment, and by a competent electrician, for two years constantly.

He is desirous of having children and I find on microscopical examination that the spermatozoa are abundant, but dead. I have found but one that showed life, but very feebly. I have advised separation for a year, and complete rest for the sexual apparatus.

Will the brethren tell me what to do?

MORRIS, M. D.

BOOK REVIEWS.

A Practical Manual of Gynæcology, by G. R. Southwick, M. D., Assistant Professor of Obstetrics in the Boston University School of Medicine; L. M., Rotunda Hospital, Dublin. Boston: Otis Clapp & Son, 1891.

The first edition of this most excellent manual was issued in 1888. The fact that it has already been exhausted speaks for itself. In the present edition new chapters have been added, dealing with electricity and massage in gynecology, both of which are well written and valuable. The general revision has been radical, and on the whole it is a great improvement over the first, and we conscientiously said some very good things of the first edition. The therapeutical indications are by no means the least valuable features of the work. "Southwick's Manual" has already established itself in the favor of the homœopathic profession, and it has come to stay. J. C. W.

The International Medical Annual and Practitioner's Index for 1891. Edited by P. W. Williams, M. D., Secretary of Staff, assisted by a corps of thirty-eight collaborators—European and American specialists in their several departments. 600 octavo pages. Illustrated. $2.75. E. B. Treat, Publisher, 5 Cooper Union, New York.

The ninth yearly issue of this valuable one-volume reference work is to hand; and it richly deserves and perpetuates the enviable reputation which its predecessors have made, for selection of material, accuracy of statement and great usefulness. The corps of department editors in number and ability surpass that of last year. Its numerous illustrations—many of which are in colors—make the "Annual" more than ever welcome to the profession, as providing, at a reasonable outlay, the handiest and best resume of medical progress yet offered.

The arrangement of the work is alphabetical, and with its complete Index, makes it a reference book of rare worth. In short, the "Annual" is what it claims to be—a recapitulation of the year's progress in medicine, serving to keep the practitioner abreast of the times with reference to the medical literature of the world.

J. B. Lippincott Company will, beginning with April, issue quarterly thereafter a work entitled "International Clinics." This work will comprise the best and most practical clinical lectures on medicine, surgery, gynæcology, pediatrics, dermatology, laryngology, ophthalmology, and otology, delivered in the leading medical colleges of this country, Great Britain and Canada. These lectures have been reported by competent medical stenographers and thoroughly revised by the professors and lecturers themselves. The object of the work is to furnish the busy practitioner and the medical student with best and most practical clinical instruction, in concise form. Each volume will consist of over 350 octavo pages, illustrated with photographic reproductions of important cases.

The Aluminum Age contains all the latest news about Aluminum and its manufacture. Very interesting experiments with the new metal never before published. Bright, clean crisp articles of great interest to all people. Socially, professionally, and commercially, strictly in accordance with a high moral standard. The "Aluminum Age" is one of the few journals of very large circulation. Fifty cents a year, including a pure Aluminum Coin Souvenir with Lord's prayer engraved, worth its weight in gold. Address *The Aluminum Age*, 67 E. 5th St., Cincinnati, O.

G. H. Mumm & Co. stand on the list with the extraordinary importation of 90,130 cases of champagne. This is the highest figure ever reached by them, and in congratulating Messrs. Fred'k de Bary & Co. upon their grand success in 1890, we take occasion to point out that their advance during the year from 63,020 cases in 1889, or over 27,000 cases, is unprecedented in the annals of champagne importation.

This success, while largely owing to the remarkable quality of the wine, is likewise due to the untiring energy of the agents, who have our best wishes for the future.

Gross & Delbridge announce the early appearance of a new edition of Cowperthwaite's Materia Medica, already so widely known to the profession. It is to be published June 15th.

A fine practice given away to any one who will buy office fixtures and horse and buggy at their actual cash value. Location in a thriving county seat in Northern Iowa. Population, 2,500; Americans mostly, few Germans. Good pay. Practitioner desires to retire from practice. Address Dr. G, care Gross & Delbridge, 48 Madison street, Chicago, Ill.

The body of every spider contains four little masses pierced with a multitude of holes, imperceptible to the naked eye, each hole permitting the passage of a single thread; all the threads, to the number of 1,000 to each mass, join together when they come out and make the single thread with which the spider spins its web, so that what we call a spider's thread consists of more than 4,000 threads united.

THE MEDICAL ERA
COMBINED WITH
THE MEDICAL COUNSELOR.

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Requests for copies "not received" must be made within 30 days of date of publication.

THE MEDICAL ERA receives *no subscriptions* through pharmacies, "agencies," or other journals. *No exception to this rule will be made.*

Obituary Notes.

The members of the profession in all parts of the country will hear with profound regret of the sad bereavement that has come to Dr. O. S. Runnels, of Indianapolis, in the loss of his wife, Dora C., who died March 24, after a short illness. In his deep affliction we trust that Dr. Runnels may feel some slight comfort in the assurance of the sympathy and condolence of friends without number.

AMONG the victims of the recent severe epidemic of influenza and pneumonia that has visited Chicago, is one of her oldest and most respected physicians, Dr. W. H. Sanders, of 3246 Forest avenue. Dr. Sanders was highly esteemed by all his professional associates.

As we go to press we learn of the serious, and, it is feared, the dangerous, illness of Dr. Willis Danforth, of Milwaukee.

Life Insurance.

Physicians who have sent in reports of being examiners for various life insurance companies are: Dr. C. A. Hellwig, of Corning, Ia., for the Des Moines Life; Dr. Isaac Buckeridge, of Beloit, Wis., for the Equitable Life Assurance Co., of New York; Dr. M. W. Hill, of Redlands, Cal., for National Life, of Montpelier, Vt.

Western Academy of Homœopathy.

In accordance with the wishes of a majority of the members of the Academy it has been agreed by the executive committee to hold the next annual meeting in connection with the International Homœopathic Congress, at Atlantic City, New Jersey, June 17th, 1891. On the third day of the session, the Western Academy will meet for the purpose of electing its officers and determining the time and place of the annual meeting of 1892.

C. J. BERGER, M. D. *Prest.*

Atlantic City.

Atlantic City, N. J., (the place where the fourth quinquennial meeting of the International Homœopathic Congress will be held) is located on the eastern coast of South Jersey. The city is built on an island, ten miles in length, and one-quarter of a mile to two miles in width. It is laid out in squares. The avenues are beautifully graveled and paved, being smooth and hard. The city presents many fine and beautiful private residences, and some of the handsomest and most luxuriously furnished hotels in the United States.

The resident or permanent population is about 15,000, but during the season, which is from June 1st to October 1st, the number varies from 75,000 to 150,000. There are over 500 registered hotels and boarding houses. The water supply is from driven wells, one of them 1,600 feet deep. The sewerage system is in excellent condition. At night the streets and board walks are brilliantly lighted with arc lights. The greatest attraction of Atlantic City is its beach, which is unequaled. It is formed entirely of white and black quartz and basaltic sand.

The hotel selected for the sessions of the Congress is the "United States," situate on Pacific avenue, and running from Maryland avenue to States avenue. This hotel is the largest and finest hotel in Atlantic City, newly built, with all the modern hotel conveniences.

The rates will be $3.50 and $4.00 per day, according to location of rooms.

There will be established in the hotel office a "Bureau of Information," presided over by a competent person, where may be obtained information concerning the city, its hotels, residences, points and objects of interest, as well as the programme for each day's business and pleasures.

It is desired that all members of the Congress and their friends shall secure accommodations at the United States Hotel, as in this way the most successful and satisfactory meetiug may be assured.

Application for rooms may be made either to the United States Hotel, Atlantic City, N. J., or to Dr. M. D. Youngmann, 1618 Pacific Ave., Atlantic City, N. J.

THE ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION meets at Springfield, May 12-14, 1891. Every loyal Homœopathic physician should attend. Important legislative business will come up. Much depends upon this meeting. In the new Insane Asylum to be erected by the state, homœopathy should be represented. Whether it will or not, depends upon action to be taken, at this meeting.

THEY SAY

That the I. H. C. will meet in June.

That dead bodies can now be nickel-plated.

That druggists always do business on a small scale.

That it is more blessed to give than to be given away.

That a dentist generally goes to the root of things.

That the best article we ever saw on milk was cream.

That our own way is always the best—in our opinion.

That the world never sits down twice on a man who is at all sharp.

That the International Homœopathic Congress claims your attention.

That you cannot always judge a man by the umbrella that he carries.

That a doctor in Kentucky has invented a platinum tape-worm trap.

That the I. H. C. will be held at Atlantic City, in the State of New Jersey.

That the man who had a goat said he was the owner of a butting property.

That every one admires a man of push, but no one wants to be pushed by him.

That it takes fifteen million cows to supply the people of this country with milk.

That all men believe in harmony if you will let them run the harmonizing machine.

That in this country alone Italy has a fruit-standing army of twenty thousand men.

That the love of money is the root of all evil, but the need of money is the evil itself.

That Chicago has gone through one of the most severe epidemics that ever visited any city.

That a woman can say more with a few tears than a man can express in a great big book.

That a man who would complain of his dinner on washdays doesn't deserve to have a clean shirt.

That the next thing to do after putting the angel-cake in the oven is to telephone for the doctor.

That it's all very well to talk of laboring for posterity, but posterity isn't around paying any bills.

That the hardest thing in the world is to get a man to stand still and look himself squarely in the face.

That many a man who is willing to go to Africa as a missionary shrinks from taking care of a crying baby.

That whatever a rich woman, a noted doctor, a fashionable undertaker and a swell clergyman do, is all right.

That nearly one-third of the inmates of the New York hospitals are people who are well able to pay for medical attendance.

That there is no solitude so dismal as that of a man alone in a noisy city, unless it be that of a man alone with a noisy baby.

That there is room for everybody in this big world. The trouble is that there are too many applicants for the front room.

That the telephone patent will expire in 1893, after which there will be improved instruments and some decent service in Chicago.

That when you have found some one who knows how to scratch your back just where it itches, you've struck your affinity, sure.

That if it were not for the confessions of reformed sinners many a man would not know how much fun there is in this wicked world.

That doctors in New York who have a million can go with the four hundred; and those who have four hundred can stay with the million.

That it only takes five minutes for a woman to clean up a man's room so that it will take him two weeks to find the things she has "put away."

That the difference between an angel and a ghost is the difference between what a man expects to be himself and what he expects his neighbor to be.

That a woman can beat a man all hollow in packing a trunk, but she needs the service of the man when it comes to sitting on the lid in order to lock it.

That there are 244,978 physicians in the world, and 244,977 of them think they know how to run a medical journal better than the job can be done by any other fellow in the lot.

That ninety-nine men in every hundred believe that there will be a judgment day, and more than ninety-eight of them believe that somehow they will squeeze through in the jam.

That a young man in Wisconsin has had the hiccoughs for six weeks, and the doctors can't stop them; two girls in Ohio are sneezing their heads off, and a woman in Philadelphia has been gaping almost continuously ever since—well, ever since she went to Philadelphia.

THE MEDICAL ERA

COMBINED WITH THE MEDICAL COUNSELOR. DEVOTED TO HOMŒOPATHY AND THE ALLIED SCIENCES

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CH. GATCHELL, M.D., EDITOR.

ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION—SESSION OF 1891.

Our State Association has had one of the most important meetings in its history. A committee of the Association appeared before the appropriate House and Senate Committees of the Illinois State Legislature, and urged the claims of the homœopathic school to have medical charge of the new Insane Asylum which is to be built. As a result both committees, without a dissenting voice, agreed to make a favorable report upon the subject. This action almost assures final success.

On page 184 we give an account of the labors of the various members of the Association, and the special committee, at Springfield. Much hard work was done, and the spirit that was exhibited speaks well for the future prospects of our school in Illinois.

After such earnest effort it was not strange that the House Committee recommended unanimously that the Vinton Bill be reported to the House for passage. This bill provides an appropriation of $400,000 for the purchase of grounds and the erection of buildings to accommodate 500 insane patients, the institution to be under the control of homœopathic physicians. It is confidently hoped by the committee that, aided by determined effort on the part of physicians of our school throughout the State, they will be able to secure the passage of this bill during the present session. Governor Fifer was not at first over-friendly to our school, but after listening to arguments made by the committee, he was much more kindly disposed.

INTERNATIONAL HOMŒOPATHIC CONGRESS.

Soon after this edition of THE MEDICAL ERA reaches its readers homœopaths will begin to move down upon Atlantic City, to attend the fourth quinquennial session of the International Homœopathic Congress.

Read the final announcement published in this issue.

HYPERPYREXIA.

Since Claude-Bernard demonstrated that the blood in the hepatic veins is the warmest in the body, our notions regarding heat production have undergone many revisions. While it is known that the metabolism of protoplasm is the great source of bodily heat, the mode of the regulation of heat production is still one of the unsolved problems of physiology.

But on one fact the profession is gaining wisdom; that is, that in disease pyrexia is a conservative process. It needs not to be suppressed, but controlled. This lesson the empirical school has had impressed upon it by the disastrous consequences sometimes following its suppression by the use of the synthetic antipyretics. One of their writers—DR. A. R. SMART—in a recent paper on the subject, summarizes his conclusions in this manner:

1. The temperature is not a reliable index to tissue change. 2. It is by no means a certain indication of the gravity of the disease. 3. That in some degree, at least, pyrexia is to be considered as a conservative process not to be abolished. 4. That the mere control of the temperature by any method, without attention to co-existing conditions, is not productive of good but often of evil.

It would now appear that we must further revise our knowledge regarding the maximum temperature of fever. In practice we never like to see a temperature of 104° F., if it be long

continued; 105° is occasion for anxiety, 106° (except in intermittents) is viewed with alarm, and 107° is almost always the forerunner of a fatal issue. Prior to 1875 112° F. was the highest bodily temperature ever recorded. In that year* Mr. Teale reported to the Clinical Society a case of a young lady who, following injury to the spine, had a temperature that reached above 122°, and ranged for days between 112° and 114°, and yet it was not followed by a fatal issue. Da Costa, who refers to this case, tells of another, of hysteria and intercostal neuralgia, also followed by recovery, in which the temperature was 117° in one axilla, and 110° in the other.

But, if reports be true, all these efforts at hyperpyrexia have been outdone in the case of a young girl in Memphis, Tenn. She was taken with tonsillitis, which apparently subsided. A fever followed. The temperature rose to an extraordinary degree. The following account is given by the secular press:

Mrs. Paoli took the patient's temperature with her own fever thermometer. It registered 106°. A physician was summoned. He pronounced the case serious, and prescribed proper remedies.

Next day the temperature rose to 108° Fahrenheit. Dr. Sale, who was present this day, doubted the accuracy of Mrs. Paoli's thermometer and used his own. It reported the same result. The physicians, Drs. Jones and Sale, became alarmed, and expressed it visibly.

Telling Mrs. Paoli to telephone them if the fever rose again, they left.

The fever was intermittent. It rose usually from 9 to 10 o'clock in the morning and continued at intervals until about noon. The patient rested well during the night.

Soon after the physicians had gone on the second day of the fever Mrs. Paoli summoned them again, announcing that the temperature had risen to 118°. This was all the thermometer could register, and the bulb burst. A second attempt was attended with no more success.

From this time thermometers broke daily. Little estimate could be made of the fever's height, for every fever thermometer that was tried broke under the great pressure.

Finally a thermometer of extra strength, and highly graduated, was obtained from Chicago. It was capable nominally of registering 160°. It was tried. When the mercury rose rapidly to 110, 120, 130, 140°, and lastly to 158°, the physicians and attendants were simply nonplussed. The thermometer broke at 158°.

It is estimated that as there could have been no pressure at 158° the real temperature must have been fully 160° to break this thermometer. In all, eleven instruments were broken. The extreme temperature could not be measured many times for want of a thermometer.

This should be labeled, "Important, if true." It almost passes belief. And yet, the account is seemingly well authenticated.

We are the more ready to give credit to the account for the reason that the report is confirmed and vouched for by The Era's correspondent in Memphis, Dr. E. Lippincott, who, under date of May 14, writes:

"The fever is still in full force. Many thermometers have broken, the highest register of temperature being 158° F. This is seemingly miraculous, but *it is true; it is an absolute fact!* The fever is still raging."

The other symptoms attending the disease are given. The skin, instead of being dry and hot, was cool and moist in the extremities; there was a feeling of numbness in the head. The high temperature was periodical, never lasting more than two hours at a time. During the apyrexia the temperature would become sub-normal.

Here is a case of hyperpyrexia, the temperature in which has reached to within less than sixty-four degrees of the boiling point of water! The record has been broken.

DAVID SHEPPARD SMITH, M. D.

The pioneer homœopathic physician of Chicago has gone to his long home.

Dr. Smith enjoyed the distinction of being the first practitioner of homœopathy in this city, having come here in 1836. He died at his residence, 1255 Michigan Avenue, April 29, 1891, at the age of 75.

Every position of trust and honor within the gift of the profession had been bestowed upon Dr. Smith. He was the first president of the Illinois Homœopathic Medical Association, and a second time was elected to the same office. In 1858 he was elected to the presidency of the American Institute of Homœopathy. Many years since he retired from the active practice of his profession, though he never lost his interest in the affairs of the school. At the time of his death he was president of the board of trustees of Hahnemann Medical College of this city.

Since the death of the venerable Dr. A. E. Small, Dr. Smith has been almost the only remaining member of our school binding the present generation of physicians to that which was identified with the establishment of homœopathy in the West.

They have done their work, and done it well; they deserve the gratitude and esteem of those who enjoy the fruits of what they planted. *Requiescat in pace.*

*London Lancet, March, 1875.

THE "ALABAMA CLAIMS" QUESTION.

It will not down. After all these years it arises in another shape, and calls for answer.

It has been propounded by DR. GEO. G. LYON, of Mobile. This is the situation:

By stealing a march on the homœopaths, the "regulars" have succeeded in having passed by the General Assembly a penalty clause to the medical practice act. This places the licensing power, and the control of medical matters, entirely in keeping of the old school.

Since this has been done, the Medical Society of Montgomery County has considered the matter in what *appears* to be a fair and liberal spirit. They propose to invite homœopathic physicians to become members of their societies, to consult with them, and in other ways to make no distinction between the "schools." DR. LYON, in the *Southern Journal of Homœopathy*, calls for advice on the subject. He asks:

"Shall we accept membership in their societies, and abandon the fight? Shall we allow the so-called 'regulars' entire control of the examining boards? Shall we submit to it? Shall we abandon our own societies and join theirs, and permit them to hold entire authority in the licensing of physicians in this State? I should like to hear from others on the subject, as I feel that we are placed in a critical position."

Our reply to DR. LYON'S earnest inquiry can be made in three words—*Don't do it!*

No one has a more sincere desire for a united profession than we. We should be glad to see one great body medical—broad, liberal, and harmonious, with no distinction of schools or sects. And some day this will come about, but it will not be on the Alabama plan. Thegloved hand is of iron. It will squeeze the life out of you.

DR. LYON need not have asked the advice of others in this matter, for his letter contains its own reply. In another part he says:

"We shall win when the next General Assembly meets, and they feel it, and are now taking steps to cool us down and stop the fight. Heretofore we have been treated as unclean—not worth speaking to—but now we are to be consulted with when we have never asked for such a privilege * * * * If we submit to it we shall have no more homœopaths in Alabama, as others will be blackballed who apply for certificates of qualification."

This is enough. What further answer is needed? DR. LYON and his colleagues should beware the Greeks bearing gifts. Their change of heart is too sudden. It comes too soon after having had the "penalty clause" enacted.

The entire history of the old school; their attitude toward homœopathy; their recent attempts at proscriptive legislation, are all opposed to any view of the matter which would favor acceptance of this invitation.

It is well to pause and ask: Why do they want you to come into their camp? Is it because they have fallen in love with you? Is it because they are ready to grant you, not equal privileges, but equal *rights!* Will they ask you to renounce anything? Will they let you read papers on the homœopathic treatment of disease? Will such papers, if read, be discussed and published as other papers are? Will they ask you to drop the *name* homœopathy? Will they seek to throw any restrictions whatever about you?

It is not hard to conceive what the answer to these questions must be. There is nothing, nothing whatever, in the past history of their school that encourages any such confidence as they invite.

Let the homœopaths of Alabama take warning by what has occurred in other States. Listen to what DR. HORACE PACKARD, of Boston, says regarding a similar effort that the allopaths have made in that classic city:

"It is but within the last year that some of us have been interviewed, and specious inducements offered us to sever our connection with all organizations bearing the name of homœopathic, and join the Massachusetts Medical Society. All the apparent fairness and liberality of this salutation is lost upon us when we learn that this is a deep-laid plan to draw away from this society its most liberal members, and thus decimate its ranks until it should die a natural death."

To the members of our school in Alabama we say:

Wait! If they are really sincere in their protestations, they are bound to show you equal justice, whether you become members of their society or not. When they have shown such a spirit, it will be time enough to listen to their overtures.

Their past history does not inspire confidence. Decline their offer, with thanks.

MEDICAL LEGISLATION.

A year ago the profession received warning that there would be a general move on the part of the old school to obtain restrictive medical legislation in all the States. The promise has been fulfilled. They were never before so active. The results that they have accomplished have not, however, been such as to give them much encouragement, except in one instance. In the Bourbon State of Alabama,

after the homœopaths had beaten them in one case, they afterward rallied and secured the passage of a penalty law, under which they may, through their county and State societies, be as arbitrary as they wish.

In Texas, thanks to the efficient efforts of an able committee, the victory is with the homœopaths. The efforts of the allopaths to secure class legislation were not only successfully met, but they were sorely discomfited, and sent up a cry that "Quackery has received another impulse, and charlatanry reigns supreme throughout the land."

The members of the State Assembly of Texas were intelligent enough to know that if the allopaths were permitted to control matters medical, they would not be just in their dealings toward those whom they have already denominated "quacks and charlatans."

The one hundred homœopaths of Texas have successfully met and resisted the four thousand Bourbons who opposed them.

In Wisconsin, because the allopaths would not unite with the homœopaths in promoting the passage of one of the best and fairest bills that was ever framed, all attempts at legislation failed. This is as it should be. If the homœopaths cannot get what they consider to be just and fair, they should accept nothing.

In Michigan, a similar experience has been gone through with. The allopaths demanded the "earth," and got nothing. The amount of time and energy that they wasted in their efforts was worthy of a better cause than that of trying to place themselves in the position of umpires in all matters medical in Michigan.

The homœopathic profession is not aware how much it owes, in this matter, to the efforts of the tireless, industrious and indefatigable chairman of the committee on legislation of the American Institute, Dr. H. M. Paine, of Albany, N. Y. Dr. Paine, in a most self-sacrificing and patriotic manner, has been furnishing physicians in all the States with much valuable literature on the subject—literature which has been made the basis of action. Dr. Paine's object is to bring about uniformity of legislation in all the States. In this he should have the encouragement and support of the entire profession, as he has well earned its gratitude.

ORIGINAL ARTICLES.

PROTRACTED CASES OF BRIGHT'S DISEASE.

By CLIFFORD MITCHELL, M. D.,
CHICAGO.

[Read before the Missouri Institute of Homœopathy, Kansas City.]

PROTRACTED cases of Bright's disease have been classified as follows. By Prof. Francis Delafield, New York:

1. Those in which there are absolutely no symptoms at all except the changes in the urine.

2. Those in which the patients have disturbances of digestion, loss of flesh and strength, increased arterial tension, headache and sleeplessness; they grow feeble and die.

3. Those in which, after years of no symptoms at all, there may be a sudden attack of acute uræmia.

4. Those in which there are no symptoms at all until the patient has a pneumonia or a pericarditis, or suffers from accident, and then renal symptoms are developed.

In these very slow cases albumin is either absent altogether or so small an amount that a hasty examination of unfiltered urine fails to discover it. There may be no casts at all in the urine, but if repeated examinations be made with the microscope, small hyaline casts will occasionally be found.

It is very easy to see, therefore, why these slow cases of Bright's disease are not detected. The patient has no symptoms, and his physician, even though the urine be tested in the routine way, discovers no albumin. How then is the diagnosis to be established? Experience has shown that if a patient of average weight and appetite voids *habitually* urine of specific gravity 1018 or below, in which urea per fluid ounce and phosphoric acid per fluid ounce are much below the normal average; if the volume of day urine is habitually less than twice the volume of night urine, when the patient does not drink largely during the evening, we are warranted in suspecting that the patient has Bright's disease.

The following analysis illustrates a typical, slow case of Bright's disease in a patient having no symptoms, and whose thoracic organs are, so far as known, perfectly healthy. During three years the composition of the urine has not changed essentially:

Urine of 24 hours	1,700	cubic centimetres.
Night urine	800	" "
Day urine	900	" "
Specific gravity	1014.	
Urea per liter	14	grammes.
Urea per 24 hours	24	"
Phosphoric acid per liter	1.30	"
Phosphoric acid, total	2.20	"

Comparing these figures with the recent normal averages of Yvon-Berlioz, we find that the quantity of urine for 24 hours is somewhat above normal, but the urea per liter much below normal, only 65 per cent of the normal av-

erage; the phosphoric acid per liter is even less, being about 50 per cent of the normal average, and although the patient is voiding *more* urine than normal, yet the total quantity of phosphoric acid is not 90 per cent of the figure for the normal quantity of urine.

Again, I have shown that the ratio of day urine to night is 2 or 3 to 1, while in this case the ratio has not been much over 1 to 1, and shown by repeated examinations not to vary greatly from this figure.

Another point is in regard to the specific gravity. It has been customary to regard 1015 to 1025 as the normal range. All urine between 1015 and 1020 is not unhealthy, but in many cases of Bright's disease we find specific gravities from 1014 to 1018. In this case it ranges from 1017 to 1020.

It has been thought that these slow cases of Bright's disease occur only in adults, but I have record of a case in which the disease apparently lasted *the whole life* of the patient, or at least from earliest childhood, the patient dying of uræmia in her 18th year. From the earliest years the patient urinated frequently, and voided more urine in twenty-four hours than normal, and much at night. The urine was always below normal in specific gravity, and of poor quality as regards solids. When about sixteen years old I found a small quantity of albumin, but careful and repeated examinations failed to find casts. About two years later I found the specific gravity below 1010, urea only 7 grammes per liter, albumin over one-tenth, and one or two renal casts, one wide hyaline cast dotted with renal epithelium, and one granular cast. The patient's face was now waxy, and somewhat bloated. She complained of cramps and "dead" fingers. For a month or two she felt better under the administration of various remedies; then, after over-exertion and taking cold, she began to void less urine, had dyspnœa, rapid pulse, and died from anæmia in about a week. The last examination of urine, made a week before death, showed the urine to be almost precisely the same in quality as for years, and no casts could be found. There was practically no sediment at all.

How are these protracted cases to be treated? Look after the general health, guard against uræmia, and, if necessary, relieve arterial tension. In regard to the general health give the following directions:

The patient is to wear thick-soled shoes, or better, high boots, and never get his feet wet. He is to wear complete suits of Jaeger underwear the year round, light in summer and the heaviest in winter. He is to have a thermometer outside his window, and wear his overcoat according to temperature, and not according to the month of the year, whenever the temperature is below 60°; a *thick* coat without an overcoat from 60 to 70°, then in warmer weather a coat of medium thickness; but the rule is imperative that below 60°, even if it be August, first, a good warm overcoat is to be worn and buttoned up well over the chest, not flaring open. The patient is not to eat meat to excess, none at all at the night meal. He is to avoid drafts, and yet have plenty of air. He must never be chilled, not for so much as a minute or two. He is not to take cold baths at all, and when bathing is to dry one limb or part before washing another. He is to avoid stuffy rooms. Late hours and all dissipations are strictly tabooed, but harmless recreation is of great value from a psychical standpoint.

Female patients are to rest in bed during the menstrual epoch. Indulgent mothers and overindulgent grandmothers should be made to realize that they are literally killing their daughters and granddaughters with kindness when they allow them all kinds of social dissipation.

Later, and especially in those cases when, after years of latent trouble, the patient becomes dropsical, and it is now possible to find albumin in the urine, an exclusive diet of skim milk will prolong life still further. The patient is to drink skim milk, and that alone, every hour or two whenever hungry, and as much as he wishes. Still later, when dropsy is gaining, and the usual remedies are powerless, try the new remedy, Diuretin, the compound of theobromine and sodium salicylate. It will reduce dropsy and prolong life, though it do not cure. It may be given in those cases where the urine is of light color and low specific gravity, that is, in the *diffuse group of nephritis*. I have known it to increase the urine and reduce the dropsy in desperate cases, when Digitalis and other remedies were absolutely without effect. No unpleasant after-effects from its use have thus far, to my knowledge, been reported.

The following analysis is that of a case in which Diuretin subsequently saved the life of the patient:

Volume of urine in 24 hours	1135 cubic centimeters.
Specific gravity	1021.
Total solids	48 grammes.
Urea per liter	18 "
Urea per 24 hours	21 "
Phosphoric acid per liter	2 00 "
Phosphoric acid per 24 hours	2 26 "
Albumen, doubtful trace.	
Sediment, scanty A few small hyaline casts.	

The patient had then marked arterio-sclerosis, and subsequently ascites, anasarca and obstinate constipation. After dropsy was reduced, analysis showed the following:

Volume of urine per 24 hours	1600 cubic centimeters.
Specific gravity	1019.
Urea per liter	14 grammes.
Urea per 24 hours	22 "
Phosphoric acid per liter	1.10 "
Phosphoric acid per 24 hours	1.76 "
Albumen, plain trace.	
Sediment, scanty. A few small hyaline casts.	

ANOTHER SUGGESTION TO ORIFICIAL SURGEONS.

By E. H. PRATT, M. D.,
CHICAGO.

[Read before the Illinois Homœopathic Medical Association, Springfield, May 12-14, 1891.]

THERE is nothing obscure, or hard to understand, in a case presenting large masses of hemorrhoids, accompanied, as they always are, by more or less redundant tissue. In the hands of those who are skilled in orificial surgery the American operation is all that is indicated. Those who have not sufficient confidence to attempt the American operation can treat this condition successfully by the aid of the clamp. Nor is there anything obscure in the case of a rectum which, while destitute of hemorrhoids and redundant tissue, and which has a normal color, yet presents a few isolated pockets and papillæ, and an abnormally contracted sphincter Removal of the pockets and papillæ in the now orthodox fashion, and thorough dilatation of tde sphincters, or their submucous section with the patient anæsthetized, is a sufficient remedy.

But there is a condition of the rectum which, although I have seen it a great many times, I have never yet described. It calls for special attention, and my purpose in this paper is to present it for the consideration of orificial surgeons. It is a very common condition. It seldom occurs in persons still possessing a fair degree of general health. It will be found in consumptives; it will be found in paralytics; it will be found in those suffering from chronic neuralgia; it will be found in choreic and epileptic cases. In general terms, it will be found in cases presenting, in a marked degree, malnutrition, either general or local.

I mean to say that cases of the class to which I have referred do not invariably present the condition to which I am calling attention, but that this condition is very common in this class of cases. The two sphincters are generally in close proximity. Oftentimes they are cases in which pockets show a tendency to return after removal. They are cases which present at the first operation but a trifling amount of irritation, but in which, as the general trouble for which the patient is treated begins to disappear, the last inch of the rectum appears to be aggravated, instead of improved, by the operation, often requiring two or more sittings a few weeks apart before the part is made to assume a normal condition. These cases sometimes present a perfect rim of pockets and papillæ. In some instances the number of pockets reaches as high as twelve or fifteen, and the papillæ six or eight. In other cases there seems to be an entire absence of both pockets and papillæ; but in all the cases, whether presenting pockets and papillæ or not, *there is a narrow rim of irritable tissue completely encircling the anus within the grip of the sphincters.* Many times the irritation is so excessive that the ring seems to be almost devoid of an epithelial coating to the mucous membrane covering it, meriting the title of excoriation. The surfaces could not properly be said to be ulcerated, because the basement membrane remains intact. The sphincters are usually tight, although, being abnormally flabby in structure, their tension is easily overcome by the bivalve.

Heretofore it has been my practice to sever this narrow rim of diseased tissue, in perhaps half a dozen places, trusting to this series of wounds to set up an improved state of nutrition of the part. But repeated failure to secure a permanent cure of the condition has at last shown me the necessity and advantage of performing a more radical operation. It is now my practice to perform the American operation upon all such cases, and the results, both general and local, are so exceedingly satisfactory that I deem it time to give my professional brethren, who are following orificial methods, the benefit of the method.

There are two ways of performing the operation, either of which will accomplish the desired result satisfactorily. It may be done in the manner described in my last work on orificial surgery, under the head of "The American Operation," which will probably be the method adopted by those most skilled in the handling of surgical instruments. But there is another manner in which more timid operators can perform the work with equal facility. The American operation was first described in the *Hahnemannian Monthly* of June, 1890. It has since been described in my recent book, and will not need another description here.

The other method, however, by which this class of cases can be successfully treated, has never yet been described, and a brief account will appropriately find place in the present article.

The bowel is first to be dilated, as in preparing for the American operation. As the rim of tissue to be removed is quite narrow, it can now be seized with T-forceps along its entire extent. The seizure of this narrow rim by the T-forceps is first in front, then behind, and then on the two sides through the diverging blades of the bivalve. After these four seizures have been made the bivalve can be dispensed with. Other T-forceps are now made to seize the irritable rim between the four points already seized, and other forceps still applied to the rim between these until the entire rim of irritable tissue is seized upon by T-forceps, so closely applied that the extremities of their jaws are in close contact

This will require from ten to fifteen T-forceps. The seizure of the rim by the forceps should be so superficial as to secure in their grip simply the basement membrane, great care being taken not to grip into the sphincter muscles. The forceps are to be held in a radiating manner by two or three assistants, all using slight traction so as to evert the bowel properly and symmetrically, bringing the field well into the view of the surgeon. The operator now seizes a pair of sharp pointed scissors, slightly curved at their points. Beginning below and applying the scissors close to the attachment of the forceps, it is an easy matter to remove this entire rim of morbid tissue. The few hemorrhagic points which will appear call for the application of a few pairs of artery forceps, three of these usually being sufficient, one being needed in front and one on each side. Occasionally, however, a half dozen of these instruments will be needed in order to seize all of the bleeding points.

Since the continuity of the mucous membrane has been destroyed as a result of this first step in the operation, the margins of the wound will immediately separate and the mucous membrane show a tendency to retract within the rectum. It cannot escape far, however, and is easily brought into view by the aid of a circle of T-forceps which is now to be applied after the manner described in the American operation. The surface of the wound is at this time to be carefully inspected in order to detect any minute hemorrhoids that may be embedded within the areolar tissue at the bottom of the wound. After these have all been carefully excised, the mucous membrane is to be stitched to the margin of the integument and the operation completed as in the American operation.

In making an anus it seems as though nature had inverted the integument into the rectum for a short distance, and by plastic material united the integument to the mucous membrane of the bowel at a varying distance from the anus, sometimes being very close to the anus, and sometimes being a quarter or half an inch farther up, the length of this intruded integument marking the distance between the sphincters. The line of irritation which I have just described, and advised the removal of, is always situated above this seam, where this skin and mucous membrane were originally stitched by nature's sewing.

There is no more satisfactory orificial work than is accomplished by the process just described in cases which call for it, and I can attribute many of the failures which have come under my personal observation to a lack of a thorough treatment of the part which this process insures. Since employing this method for the cases to which it is applicable, I have no failures to report. Did occasion demand I could enumerate a long list of cases which, heretofore, have failed to respond to the methods of treatment employed, but which were immediately afforded entire relief on the employment of the process under consideration.

I have but one explanation to offer for the difference in results by this and the other methods which were unsatisfactory. I know that in the cerebro-spinal system a diseased terminal nerve-fiber can protract endlessly a spot of ulceration. I remember earlier in my experience to have had charge of a case of a superficial ulcer on the dorsum of the left thumb, which had baffled all efforts at healing for a period of twenty-five years. The floor and margins of the ulcer were extremely indurated and irritable. Having read somewhere that an exposed nerve filament would explain the impossibility of healing a superficial ulcer of the integument, I decided to sever all nerves connected by passing a knife beneath the ulcerated surface and separating it completely from the adjacent tissues. To my delight the method was successful, and I had the satisfaction of seeing the ulcer heal in the course of a few weeks. Remembering this experience, when, in my subsequent surgical practice, I came in contact with chronic ulcers which refused to repair properly, and which were located in places where it was inconvenient to pass the knife beneath them, I dissected away the entire spot of ulceration and closed the wound with sutures. The result was always satisfactory. It was this experience in general surgery that led me to reflect that the cause of this narrow rim of excoriated tissue in rectums was probably due to diseased terminal nerve-fibers. As this rim of excoriated tissue is seldom sensitive to touch, if its continuance is due to nerve filaments, it must be those of the sympathetic rather than those of the cerebro-spinal system, and recognizing the difference in the anatomical structure of the nerves of the two systems, some better pathologist than myself will have to explain how this state of affairs can prevail in terminal nerve fibers of the sympathetic system. A cerebro-spinal nerve has an axis cylinder, which I believe is tougher than its insulating substance or its neurilemma, and after the latter two have been completely destroyed, the exposed axis cylinder manifests an undue degree of sensibility, and may interfere with the healing of the spot where it is located. But as the sympathetic nerve has no axis cylinder, and excoriated surfaces supplied by the sympathetic nerve could not present an irritable axis cylinder to account for the excoriation, the pathology of the condition is to me still obscure. The fact, however, remains, regardless of whatever theory satisfactorily explains it, that in the conditions

described, the removal of this rim of tissues and the coäptation of the edges of the wound, stitching together the skin and mucous membrane, must be classed among the most satisfactory of surgical procedures. If the continuance of the excoriation is due to exposed terminal nerve fibers of the sympathetic, if, in other words, the fibers of the sympathetic are capable of degenerative changes from processes of inflammation, the situation where this condition would be most productive of mischief would be within the grip of sphincter muscles. As the irritated condition of the nerves would necessarily induce abnormal contraction of the muscle, and the abnormal contraction of the muscle would add to the irritability of the nerves, the removal of the terminal nerve fibers and the relief of the undue tension of the muscle necessarily corrects this condition, and relieves the great sympathetic nerve of this unnatural drain upon its resources.

Central Music Hall.

SURGICAL BACTERIOLOGY.

By HENRY SHERRY, M. D.
CHICAGO.

IN an article of this character it is not to be supposed that the writer can present more than a brief outline of the subject under discussion, or that conclusions presented are the result of his own personal experimentation.

Surgical bacteriology, according to Nicholas Senn, is nearly synonymous with modern surgical pathology. A belief in bacteriology presupposes a belief in the infectiousness of disease; infection depending upon an unknown quantity termed resistance; resistance being modified by hereditary tendency.

It is admitted and long recognized as a clinical fact that some microbic diseases are transmitted from parent to offspring. This may be termed direct hereditary transmission of disease. Again, we have hereditary predisposition to disease, by which is implied some defect in the tissues, whereby susceptibility is increased and resistance lessened. Here we have, not the direct transmission of a disease, but the transmission of a suitable culture field for any pathogenic microbe that may be hunting for a nesting place.

In thumbing the musty pages of ancient medical history we read that the early Romans burned the bedding and wearing apparel of patients dying of consumption. Here is exemplified a belief in the infectiousness of pulmonary tuberculosis long in advance of the discovery of its specific microbe.

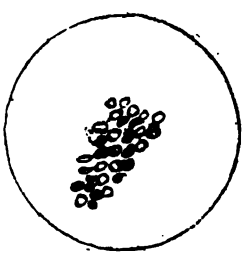
If, now, we have a healthy body, with no congenital or acquired predisposition to disease, how does it become infected? We consider the atmosphere as being the most important medium through which infectious bacteria are conveyed, and that it is seldom or never free from some forms of pathogenic bacteria. A healthy body, being constantly surrounded by such a medium, must necessarily partake of its character. Therefore, a healthy body must contain floating in its fluids at all times various forms of bacteria. But as healthy tissue presents too great a resistance, these specific microbes are harmless. If, however, this healthy body loses its resistance through exposure, lack of tonicity, injury, etc., so that localization of bacteria is possible, then we get as a result tuberculosis, pyæmia, etc.

In surgery the sources of infection are always without the body, never arising from causes within. The atmosphere, water, and the superfical layer of the earth being the principal conveyers of contagions, we must necessarily, then, have an absorbing surface, which can only come through broken skin or mucous membrane.

Surgical bacteriology, at present, recognizes the following specific bacteria as being the cause of allied surgical diseases:

1. *Suppuration* is caused by a pus microbe, of which there are four principal varieties. (*a*) Staphylococcus. (*b*) Micrococcus. (*c*) Streptococcus. (*d*) Bacillus.

Of the staphylococcus there are six kinds, the most important being the *staphylococcus pyogems aurens.*

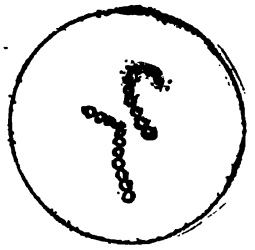


STAPHYLOCOCCUS.

One of the streptococcus, one of the micrococcus and two of the bacilli. The streptococcus and staphylococcus are the most frequent. These bacteria enter the body through the respiratory passages, the intestinal tract, or wherever there is lesion of the mucous membrane or the skin.

The diseases that are the most frequent result of the pus microbes are pyæmia, septicæmia and septico-pyæmia.

Erysipelas is caused by the streptococcus, which was first demonstrated by Fehleisser, who describes it as made up of minute cocci arranged in chains.



STREPTOCOCCUS ERYSIPELATOSÆ; CHAIN COCCI.

Infection occurs through an abrasion in the skin or mucous membrane, permitting localization of this microbe in the lymphatics and lymph spaces.

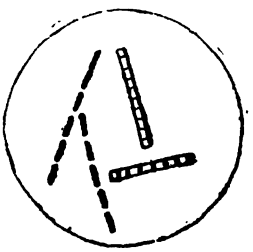
Closely allied to erysipelas is puerperal sepsis.

Tetanus is caused by the Bacillus tetani, which, from its shape, is termed the pin, or drumstick, bacillus. The superficial layer of the earth, particularly around stables and places where animals are confined, are especially prolific of this bacterium.

BACILLUS TETANI. PIN BACILLUS.

The convulsions of tetanus are supposedly due to the ptomaines of this bacillus acting upon the spinal cord.

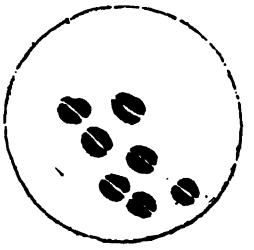
Carbuncle, or anthrax, is due to a bacillus, thread-like in appearance at first, but in which spores develop later. It is disseminated by the blood, death being due to the toxic action of its ptomaines.



BACILLUS ANTHRAX. ROD BACILLUS.

Glanders is due to the bacillus mellii. These bacilli are rod-shaped, curved and rounded at their ends, or straight. Infection usually occurs through a wounded surface.

Gonorrhœa owes its origin to a micro-organism, the gonococcus. Morphologically it is a diplococcus. It occurs in pairs somewhat resembling a split biscuit or a coffee grain, forming clusters or groups.



GONOCOCCUS OF GONORRHŒA. DIPLOCOCCUS.

The gonococcus seeks by preference columnar epithelium. It reaches the deeper tissues through the intercellular spaces. It does not form pus, this being due to chemical changes.

While syphilis is evidently due to an infectious microbe, no specific bacteria has yet been fully demonstrated as being its causation. It is supposed, however, to be due to a bacillus.

Tuberculosis is the most universally diffused of all diseases due to a specific micro-organism. Its bacillus appears as thin rods, straight or curved, singly, in pairs or groups.

SPORES AND RODS OF BACILLUS TUBERCULOSIS.

Identical with tuberculosis are scrofula, lupus and chronic inflammation of lymphatic glands. Tuberculosis of bones is very common among children. The bacilli may be latent within the system, until some slight trauma, such as a fall or sprain of a joint, forming a minute blood clot, sufficient to act as a culture fluid, when we have as a result hip-joint disease or disease of the knee joint. Thus, embolic infection takes place, and we have decalcification of bone and granulation tissue in excess.

Gangrene and Noma, while supposedly due to bacteria, or its ptomaines, have not as yet been shown to be caused by any specific form.

Actinomycosis occurs in both man and animals. It is a thread, or rod-like bacillus, clubbed at the extremity, with radiating lines, ray-like in appearance.

Cancer and the various malignant tumors cannot as yet be classed among bacteriological diseases.

Mixed, or secondary infection. Given a joint infected by tuberculosis, which is essentially a chronic disease, and have deposited within it the pus microbe, and we will get rapid destruction

of the entire joint from the union of these two forces.

Mixed infection, then, is the deposition of two kinds of bacteria within the body at the same time.

Therapeutically but little has been added to our resources of knowledge of the bacteriological origin of disease. Surgically we remove as soon as possible the localized area of infection.

COSMETICS.

By W. A. KALER, M. D.
CHICAGO.

THE MEDICAL ERA has received from the author of the paper on the above subject the letter and communication published below:

Editor Medical Era:—Will you be kind enough to publish the inclosed communication in the June number of THE ERA, if possible? I have had so many letters asking about peroxide-of-hydrogen ointment that if I should undertake to answer each one of them separately, I should have little time to practice medicine. I had no idea that THE MEDICAL ERA had such a wide circulation.

Sincerely yours, W. A. KALER.

Since the publication of my paper on "Cosmetics" in the April number of THE MEDICAL ERA I have had, and Messrs. Gross & Delbridge inform me that they have also had, many letters of inquiry concerning the peroxide-of-hydrogen ointment, mentioned therein. My paper was read before the Academy several months before its publication, and I now desire to supplement it by a few statements which will answer the inquiries of all my correspondents, and thus save me the trouble of writing to each one of them individually.

My subsequent experience with the ointment has in some instances been unsatisfactory, owing, I think, to the instability of the compound, and I fear that others who use it will sometimes meet with failure if the ointment is not always freshly and carefully prepared. I was first led to use the ointment by this paragraph, which I quote from a Berlin letter published in *Notes on New Remedies*, Vol. 3, No. 4:

"Valuable as are the applications of lanolin, yet we do not seem to have by any means exhausted them. Unna shows that ointments can be made by means of it with sulphurous acid, peroxide of hydrogen and a solution of calcium chloride, preparations hitherto unknown. The second-named ointment contains from forty to fifty-six per cent of solution of peroxide, and is most useful in the treatment of comedones, freckles, and the like. Care must, however, be taken in applying it that the eyebrows are not included, or the bleaching effect may be unpleasant. It is quite clear from the introduction of lanolin many medicaments will date their first practical applications in the treatment of skin diseases."

The ointment is made by putting the lanolin on a porcelain tile and working the peroxide into it with a non-metallic spatula, pouring on only a little peroxide at a time. It is a rather tedious process, and must be done in a cool, dark room, as heat and light, as well as the contact of metals, decompose the peroxide. If not used immediately the ointment must be kept in an opaque, tightly corked bottle or jar. I have always used Liebreich's lanolin and Marchand's peroxide of hydrogen.

Let those who desire to test the bleaching properties of peroxide of hydrogen on the hair, mix equal quantities of the peroxide and water-of-ammonia in a saucer or shallow dish; then immediately dip a lock of dark hair into it, rubbing gently until it becomes thoroughly saturated, and after a few moments take it out and let it dry.

5205 HIBBARD AVENUE.

CIMICIFUGA.

By E. B. GROSVENOR, M. D.,
RICHMOND, IND.

CIMICIFUGA is not as rich in symptoms as many of our remedies, but those few are clear cut, and render it a valuable remedy. It is more adapted to the ailments of the female than those of the male. Its leading symptom is that of a quiet nervousness, attended with anxiety and irritability. It is a universal depressant of the entire nervous system, affecting principally the female generative organs. Sighing and grieved; talking at random, first on one subject, then suddenly on another; inability to direct the thoughts to one subject; dull aching of the vertex; brain feels large, with dull aching and soreness in the occiput; a hot spot in the top of the head, which is very characteristic, and found in connection with troubles of the female generative organs. I have often seen this symptom stand out alone in female troubles, and have just as often seen marked benefit from Cimicifuga in such cases. The eyes ache and pain, nausea, sinking or "gone" feeling in the stomach of the female, not the male; flow of urine constant; menses too early one month, delayed another; all uterine pains dart from side to side, while the ovarian pains shoot upward; uterus feels heavy; mammary glands burn.

Cimicifuga has a dry night-cough, which is short and constant, caused by a sense of tickling in the throat; rheumatic soreness in the belly, of the muscles of the neck and back—not pain, but soreness. Convulsions often occur during the menstrual flow, for which Cimicifuga is a noble remedy.

Dreams of trouble, with restless sleep. The symptoms of this drug generally come with

some menstrual irregularity; menses attended with a bruised, sore feeling over the entire body, and with it quiet, anxious, nervous irritability. Cimicifuga does not *pain* so much as *ache*, with a soreness—a sore ache.

ELATERIUM.

I want to speak a good word for Elaterium, because it is generally slighted by our materia medica writers, and again because it has helped me over some rocky places. It produces an intense flow of secretion from whatever mucous membrane it comes in contact with, but in my hands it has not responded well when prescribed symptomatically. But, reasoning upon its action to promote secretion as above referred to, I have used it in dropsical effusions, from whatever cause. I deprive the patient of any excess of water, and give two-grain doses of the 1x trit. of Elaterium three or four times a day, having the patient wash the powder down with water. The result is excessive watery stools, and excessive secretion of urine. The absorbents being thus relieved of liquid, they in turn are able to relieve the tissues of the dropsical effusion. This treatment I continue until I have, as it were, drained the effusion off. In the meantime I attack the disease cause with the appropriate remedy, whatever it may be. This will champion any treatment I know of in like conditions.

To reduce an enlarged womb, rub up the drug finely powdered, with cocoa-butter, one part to ten of cocoa-butter, and place forty grains in contact with the neck of the womb; back it up with absorbent cotton, with a string attached, so it can be easily removed. Allow this to remain in place three days; then remove the cotton, administer a liberal injection of warm water, and so repeat in three days. It will surprise you how it will reduce the size of that womb. In the meantime, fight the cause of the trouble with your appropriate remedy.

Elaterium only smooths and opens a road to a more rapid cure. It quickly cleans the abnormal deposit out, while your remedies prevent more from forming. Try it; you will not be disappointed. It will act equally as well in the most obstinate case of leucorrhœa.

France has one physician to every 3,000 people; Germany, one to 1,500, or twice as many; the United States, one to 600, five times as many as France; and California, that boasts of her climate and the good health of her people, one to 500, or six times as many as France. One year since Los Angeles had one physician to 301 of her people.

MY EXPERIENCE WITH DIPHTHERIA.

BY C. T. HOOD, M. D.
CHICAGO.

IT seems to me that the controversy on the subject of diphtheria that THE ERA has invited will be of a vast deal more benefit if the papers written are confined to clinical facts, and not to theories.

During the last seven years I have met a great many physicians, and I cannot now recall any three of them who hold the same opinion as to this disease. During my senior year in the P. & S. of this city I had an opportunity of seeing seven cases of diphtheria that were treated by iron, quinine, stimulants, sprays of limewater, etc., and all died. At this time I believed, as do many to-day, that diphtheria was a purely constitutional disease, and that the throat symptoms were but the local manifestations of the disease.

From the spring of 1885 to the spring of 1889 I treated and saw with other physicians fourteen cases of undoubted diphtheria that were treated with Mercurius Iod., Mercurius Cyan., Belladonna, Gelsemium, etc., with very little attention to the throat, except where the membrane interfered with breathing. Ten cases died after the most careful nursing and attention. By this time diphtheria presented itself to me as the most fatal disease I had to treat, and I was not alone in my belief.

With a view of obtaining further information I began a series of inquiries of the various physicians of my acquaintance, which resulted in the growth of a doubt in my mind as to whether diphtheria was altogether a constitutional disease.

It so happened that within the next few days I was called to see a case presenting the following symptoms: A little girl, aged seven; her temperature was 103.5° F.; pulse 110; she had been complaining for some days, came home the night before, had a chill, and in the morning the mother noticed the patches in the throat. She was given the drugs which had seemed to do the most good in other cases, and a spray of papoid. There was at this time no swelling in the glands of the neck. At 9 o'clock P. M. the glands in the neck were beginning to swell, the temperature was 104° F., pulse 120, the tonsils, uvula, soft palate were covered with the membrane, and the odor was beginning to be very bad, and things looked serious for the child.

I told the parents I could not tell as to the results, and if they wished counsel to call whomsoever they might choose. Their old physician was called, and he was a crank on the local treatment of diphtheria, believing it was purely a local affection. As a result, carbolic acid was

given in simple syrup and Mercurius cyan. with liberal diet and mild stimulants.

The child recovered, but my attention was called especially to this fact: After the child had been sick for three or four days, a younger sister who had been kept out of the room, came in during the absence of the mother and played with the sick child. Within twelve hours her throat began to be sore; she had no feeling of malaise, no chill, but the formation of the membrane in the throat. The old physician, in order to convince me that it was a local disease, touched the small spots in the child's throat with pure carbolic acid, and that was the end of them. I began to think then, as Dr. Knoll does now, that it was purely a local disease.

Since that time, January, 1889, I have treated over forty cases of undoubted diphtheria, without a single death. This is altogether too big a statement to make, without good proof that they were undoubted diphtheria. I shall give the history of several of the cases, asking the reader to watch particularly the history of the beginning of the disease.

In October, 1889, I was called to a little boy five years old, with this history: He had not been well for several days, not wanted to eat, complained of his head, said his legs ached, and that morning had had a chill accompanied by vomiting, and high fever, which had continued all day. The temperature was 104° F., pulse 120, and the tonsils had a good sized spot on each.

He was given Belladonna with Mercurius biniodide, and the next morning the temperature was 100° F., the pulse 110, the tonsils, uvula and posterior nares were covered with membrane. Mercurius Cyan., with Belladonna and a spray of papoid and carbolic acid was prescribed; at night the temperature was 101° F., and the glands of the neck on both sides were beginning to swell, and the pulse was 120 and breath offensive.

Mercurius cyan., with Arsenicum and the spray continued, and as much stimulants as he would take. In the morning the temperature was 104.5° F., pulse 130, unsteady and intermittent, breath very offensive, neck swollen even with the jaw, there was extreme restlessness and great prostration, and I was ready to do anything.

I went to the drugstore and had the druggist make me this solution:

℞. Acidi. Carb.....gtts. vi;
Potassi. Chlo.....℥ j;
Syrp. Sim.....ad. ℥ ij.

The child was given a teaspoonful of this mixture every half hour during the day, and until 9 P. M. I determined that if local antiseptic treatment was of any use, I was going to get it.

At 9 P. M. the temperature, to my surprise, was 100° F., and the pulse 90. He had vomited once, but had not been so restless. Nothing else was given, as nothing had been during the day, but the carbolic acid mixture was kept up, and some brandy and milk given.

At 8 o'clock A. M. the temperature was 99.5° F., and pulse 80, and he was sitting up in bed eating some oysters.

The membrane was of a dirty lead color, and was beginning to slough in many places. A gargle of lactic acid was given between the carbolic acid mixture, and I had the satisfaction of seeing the boy's throat clean off, and he was well in a few days.

Which was it, the local or the internal treatment, was the question that was running through my mind about this time.

Shortly after this, Dr. Hoadley wrote his paper on the local treatment of this disease by the use of tincture of myrrh, showing good results.

I soon had an opportunity to try my skill again, and I want to say in proof of this case, that I can produce the girl at any time, and let her speak for herself.

Thanksgiving night, November, 1889, I was called to see a little girl aged eleven, and from the mother I obtained the following history: She had been suffering from toothache and had been home from school for over two weeks; the Saturday previous she had complained first, and had been complaining ever since. However, the night before, Wednesday night (this being Thursday night) she had gotten up, eaten a good supper and sat and read a book for some time, and her mother thought she had no fever; up to this time she had complained of no sore throat. On Thursday morning she first complained of her throat, and the mother noticed one side of the throat was swollen some; she had been sick at her stomach and had eaten nothing all day.

I did not need to look in her mouth to know what was the trouble—the odor was something beyond description, and I never before or since smelled anything like it. The soft palate, roof of the mouth, the uvula, tonsils and posterior nares were covered with membrane of a dull lead color, and offensive beyond description.

The cavity left from the extraction of a molar had a piece of membrane as large as the end of my thumb on it; the side of the tongue where it had been torn by the dentist in extracting the tooth, had a piece of membrane as large as a cent; the corner of her mouth where the skin had been broken by toothache drops, had a covering of diphtheritic membrane; coming from the nose was a sanious, watery discharge, excoriating the skin of the upper lip.

Both nostrils were filled with membrane, and

the left external ear was completely stopped with membrane. Between the lips of the vulva and even protruding into the vagina, was a mass of membrane; between the great toe and its fellow on the left foot was a mass of diphtheritic membrane; along the nail of the first finger of the right hand, where she had had a hang-nail, was a coating of membrane. Here was a case where every available spot had been covered by the membrane, and during that night in her delirium, from rubbing her eyes with the hands and having had her hands on the membrane, the membrane formed in both corners of each eye; the glands in the neck were swollen even beyond the jaw.

The temperature was 105.5° F. and the pulse 150 and irregular; there was extreme restlessness and great thirst, and a low muttering delirium.

Arsenicum 3x, with Mercurius Iod. 2x, was given, alternating every two hours with the following, of which a teaspoonful was to be given every half hour all night, and the mother was instructed, if possible, to have her lick the mixture off the spoon.

℞. Acidi. Carb.....gtts. vi:
Potassi. Chlo.....ʒ j;
Tr. Myrrh.....ʒ j;
Mx. and add by grinding,
Honey ad.....ʒ ij.
Sig.: As directed.

The nose, ear, vagina and between the toes were to be irrigated with a fountain syringe and a bichloride solution 1 to 2000; the finger was dressed with bichloride gauze 1 to 2000.

The mother in her anxiety for her child (as I had told her I had no hopes of her recovery) had given the medicine every twenty minutes all night and until I came in the morning.

The child was much better; the temperature was 101° F., pulse 120. I need only say this, the same treatment and same remedies were continued, only less frequently, the temperature gradually fell, the odor disappeared, and the membrane began to slough from the throat. Then she was given a gargle of:

℞. Acidi. Mur., (C. P.).....gtts. x;
Potassi. Chlo.....ʒ ss;
Mix in a bottle using a rubber cork; as soon as the gas forms add:
Syr. Simp.
Syr. Aurentii, *aa*.....ʒ j
Sig.: A teaspoonful every two hours.

She was given milk, unfermented grape juice, mild stimulants. After the membrane had sloughed off, the nose had five severe hemorrhages, which were controlled by nitric acid.

On the eleventh day she showed signs of paralysis of the heart; her hands were cold and blue, the feet and legs were cold and blue to the knees, the eyes were set. Stimulants had been freely given her before I arrived, and I saw they had done no good.

Hydrocyanic Acid, however, soon revived her and later she was given Strychnine. As a sequel she had paralysis of the throat, lost her voice, the left arm and leg were paralyzed, and after they recovered, both arms were paralyzed, but she finally recovered, and is to-day in perfect health.

After this child had been sick five days, a younger sister, aged seven, complained of sore throat; I examined her throat and found two patches, one on each tonsil. No internal remedies were given, and she was given the same local applications; the membrane did not spread and came off the third day.

Three days later the mother complained of sore throat; the uvula and tonsils were pretty well covered; the same local treatment was prescribed, without any internal treatment; the membrane did not spread, and came off in four days.

In January, 1890, I was called to see a young man aged seventeen, who had been feeling bad for some days; backache, aching limbs, high temperature, but no sore throat. I prescribed for him, called next day, found his temperature 99.5° F. and he felt much better, but had some sore throat.

Upon examination, the uvula, tonsils, soft palate were covered. The symptoms were so clear that here was a clear case of constitutional diphtheria, and it had begun on the left side, that I prescribed Lachesis 30x., and no local treatment.

The glands of the neck were not swollen and he felt very well. Next morning there was a good deal of glandular swelling, the temperature was 102.5° F., and there was every appearance of beginning septæmia. The membrane had not spread, but had formed in the nose.

I hesitated no longer, but put him on the carbolic acid mixture. In twelve hours the temperature was 100° F., the membrane soon began to slough off, and in six days the throat and nose were clear. Peroxide of hydrogen was used in the nose.

After he had been sick six days, the mother complained of sore throat; a good sized spot was found on one tonsil, which was touched with carbolic acid, *C. P.* In the morning it was gone. The next day she complained again; the spot had made its appearance on the right side; it was touched, and disappeared.

The young man had paralysis of the throat, vocal cords, both arms, and later, both legs, from which he slowly recovered.

In December, 1890, I was called to see some

sick ones. The mother, aged thirty-two, had not been well for some days and had had a sore throat for two days; temperature was 102° F. and pulse 120. The tonsils, uvula, posterior nares were covered with diphtheritic membrane, the glands of the neck were swollen badly, and were of a very offensive odor. She was given Arsenicum 3x, and carbolic acid mixture, with mild stimulants, and the membrane began to slough in three days, and came off by the fifth day.

In the same room with her was a boy aged eight who had complained of sore throat first that morning. There were spots of white on both tonsils. Carbolic acid mixture was given, and the next day the membrane had disappeared.

A younger boy was also sick, had complained first about noon that day. There was a small spot on one tonsil which came off in twenty-four hours; used the carbolic acid.

In the same room was a young lady aged twenty-two, who had been taking care of the mother. She had a sore throat, was given the same treatment, and the membrane came off in two days.

I could report many other cases of the same kind, but I think this will be sufficient to illustrate my opinion of diphtheria, and while I treat it as I do, let me sum it up. What do these cases teach?

First, that diphtheria is in many cases a constitutional disease characterized by prodromic symptoms, with lowering of the temperature and pulse as soon as the membrane appears in the throat; this is followed by absorption of the putrid matter, increase of temperature and symptoms of septicæmia.

Second, there is another form of diphtheria not preceded by prodromic symptoms, where the membrane shows itself before there is much of any increase of temperature; this is followed by symptoms of septicæmia.

My object in detailing these cases at length is to show the two varieties of the disease, in order that those who might have read Dr. Knoll's able article need not forget the internal treatment, and also that they need not go to the other extreme and neglect local treatment.

As to the internal treatment, the following facts I have verified many times:

Phytolacca (and I used Lloyd's tincture) has given good results where the throat was dark red and the membrane showed signs of spreading, there being a thin film covering the sides of the membrane, and hot drinks aggravate the pain.

Arsenicum has given good results where there is a thin, acrid discharge from the nose, great restlessness, prostration and thirst, and great swelling of the throat inside and out, and often with a good deal of odor of the breath. When I cannot get the history as to the beginning of the trouble and the case calls for Arsenicum or Lachesis, I give Arsenicum.

Lachesis has seemed to be indicated when the membrane began on the left side and spread to the right; the pain is increased in empty swallowing and is better by swallowing anything. This drug has the same prostration as does Arsenicum, but not so much thirst, not so much vomiting, but often a much more offensive odor, and the patient will invariably be worse from 7 to 10 o'clock P. M.

Lycopodium (it took me a long time to have any confidence in this drug in so serious a disease as diphtheria, but several cases have proved to me its value) when the disease begins on the right side, and the right side has much more membrane than the left, and when the pain is worse from swallowing drinks of any kind, and particularly warm drinks, and the patient will always be worse from 4 to 8 o'clock P. M.

Mercurius Bin., the membrane is on the left side and the glands are swollen early before there is time for much of any absorption; there is a stringy, ropy saliva.

Mercurius Protoiodide, the membrane begins on the right side and spreads to the left, and is accompanied by a dirty, yellow-coated tongue.

Mercurius Cyan., the patient is very much prostrated from the start, and before the membrane makes its appearance there is hemorrhage from the nose, and I think the epistaxis is necessary to have the Cyanide indicated. These drugs have covered most of my cases.

For the hemorrhage of the nose following the sloughing of the membrane, Nitric acid has been given with good results.

As to the local treatment, I have only to add that the carbolic acid mixture should be made with pure honey, as artificial honey will not answer the purpose.

In making the chlorine gas or muriatic acid, and chlorate of potash, be sure that your druggist does not leave the cork out of the bottle, or allow it to blow off and lose the gas. The mixture, when properly made, should be of a greenish tinge.

As to the local treatment of the nose, I use bichloride 1 to 2000, 3000 or 4000, or the peroxide of hydrogen in a spray, or better, with a syringe.

In regard to stimulants, I try them; if I find the heart acts well with them I give them; if not, I do not.

Where they will take it, I use pineapple juice, as much as they like.

For the paralysis following the disease, Lachesis 30x, Gelsemium tinct., and 1x. Galvanism and Faradism have not failed me in any case.

I do not claim that this treatment will cure every case of diphtheria, but I do claim, if carefully followed, it will cure the greater number of the cases.

I know there are some few cases of diphtheria (and I have seen several) where it is truly a constitutional disease, and the amount of poison in the blood is so great that death results before it has time to escape in the form of a membrane; these cases no physician will be able to save. If any good is done at all, it will be done by internal drugs, and not by local treatment.

992 WEST ADAMS STREET.

SOME PRIMITIVE PHYSIC.

BY H. D. CHAMPLIN, M. D.

CLEVELAND, OHIO.

For an Ague. Make six middling pills of cobwebs; take one a little before the cold fit; two a little before the next fit (suppose next day) the other three if needs be a little before the third fit.

The Asthma. Take an ounce of quicksilver every morning and a spoonful of Aqua sulphurato in a large glass of spring water at 5 in the evening. (Sure cure for inveterate Asthma.)

For Cancer. If it be not broke (*a*) apply a piece of sheet lead beat very thin, and pricked full of pinholes, for days or weeks to the whole breast.

(*b*). Apply goose dung and celandine beat well together and spread on a fine rag.

(*c*). Take horse's spuns (a kind of wart that grows on the inside of a horse's forelegs) dry them by the fire till they will beat to a powder. Sift and infuse two drachms in two quarts of ale. Drink one half pint every six hours.

For Windy Colic. Parched peas eaten freely. (My theory here is the peas swell and crowd the wind down and before them.—H. D. C.)

For Dull Sight. Drop in the eyes two or three drops of the juice of rotten apples.

For Pleurisy. Take one half a dram of soot.

For Consumption. Every morning cut up a little turf of fresh earth, and, lying down, breathe into the hole for a quarter of an hour.

To detect the presence of arsenic in wall paper, put some hydrochloric acid, a piece of copper wire, and a bit of the wall paper to be examined together in a test tube, which then should be gently heated. If the paper contains arsenic the wire will be blackened.

THE HYGIENE OF SCHOOLS.

BY H. J. RAVOLD, M. D.,

ST. JOSEPH, MO.

[Read before the Missouri Institute of Homœopathy, Kansas City April 21-23, 1891.]

THE school building should be placed on a high elevation, where the drainage is good, and all dampness and proximity to stagnant water avoided. Dampness of cellars may be avoided by constructing walls with ventilating spaces between them, that is double walls and a space between the outer wall and the earth, used in connection with a concrete and well cemented floor. Schools buildings with no cellar must be provided with some means for ventilating the space beneath the floor.

In cities school buildings should not be placed near noisy factories. The schoolroom should be in the shape of a parallelogram, as the acoustic properties of that form of a room are better than those of a square. The length should be limited to thirty-five feet and the width to twenty-five feet, if the windows are all on one side, or on one side and the end. The height should be about fourteen feet. Light should be abundant and the sun's rays should enter every room at some time during the day. The windows should be so arranged as to cast the light on the scholars' desks from the left.

The most approved schoolroom has windows only on one side, to the left of the scholars. For reading, light from the right side will do, but for writing it is not good. Light from the back casts the shadow of the student's form on his book. The worst light is that which comes from the front. The amount of window surface should be about one-fifth of the floor surface.

The ceiling should be white, to reflect the light. Fifteen square feet of floor space should be allowed for each pupil, and each one requires thirty cubic feet of fresh air every minute. The temperature should be as near 68 deg. as it can be kept. Stairs should be placed at each end of the building. They are the best fire escapes. Spiral stairs, with wedge-shaped steps, should be avoided. Doors and passages should be large, and the outer doors should swing outward.

If radiators are used, they should be drained when cold to prevent the steam condensing and freezing and causing leaks. This frequently happens after the fires have been banked for Saturday and Sunday. When stoves are used, large cylinders could be placed around the stove to cause the heat to ascend, and be evenly distributed.

If drinking-water from cisterns or wells is used it is important to see that it is not contaminated with surface water or rotten vegetable matter.

The curriculum now pursued necessitates constant use of the eyes, and the rapid increase of alarming eye disorders is a result. Near-sightedness and over-sensitiveness of the eye causes great reflex troubles among school children. Near-sightedness is inherited in only a limited number of cases. There is a popular belief that the myope eye is the strongest. Nothing could be further from the truth.

Books printed in small type favor the production of near-sightedness by causing the child to bend forward and look closely. All unnecessary writing should be eliminated from the school course. Night-study should be discouraged, especially in young students. Astigmatism exists in combination with squinting and near-sightedness. Scholars often seem stupid or inattentive when the whole cause lies in defective eyesight.

Parents, as a rule, have an innate horror of putting glasses on their children, and it is the province of the physician to counteract these foolish ideas by sound advice. It is equally important for him to warn them against buying glasses from the itinerant venders of spectacles and the ordinary optician. The fitting of glasses requires special study and training. Nothing causes near-sightedness to increase so rapidly as improper glasses, especially if too strong.

Blackboards should never be placed between windows, for the pupils are obliged to face a bright light while trying to read what is on the board. Studying in a dim light should be avoided. Study late at night or early in the morning is harmful. After severe and long-lasting illness the return to study should be gradual. Children should never study while the eye or brain is fatigued or congested. The book should be held about fifteen inches from the eyes.

The seat should not be higher than the length of the child's leg, that is, two-sevenths of the entire height. The difference between the desk and the seat should be the same as that between the seat and the elbow when the arm is hanging loosely. In girls this is one-seventh of their entire height, and in boys one-eighth plus one inch. The desk should be just high enough to support the arm without displacing the shoulder.

It is advisable to have a wide desk with a slant of about two inches. The seat ought to be about ten inches wide and have a back only high enough to support the lower part of the spinal column. Attractive music, exercise and a systematic course of calisthenics are to be recommended. The old style method of requiring pupils to keep their eyes constantly upon their books, was wrong and harmful.

Compulsory exercise as a relaxation from study is worse than useless. In regard to homes it has been proved in England, Germany and America that children under twelve years learn as much in three hours as in five hours. It is wrong to keep children at school all day when they are subjected to injurious influences. Plenty of time should be given for the mid-day meal.

It is deleterious to the health to give a recess of twenty or thirty minutes for luncheon in mid-day, as is done in many of the higher grades and in some of the private schools, and then resume studies. Cheerfulness should be preserved as far as possible. Cases of malignant diseases should immediately be isolated and a good length of time should intervene between recovery and return to school. In preserving the student's health, that of the teacher, also, should not be forgotten.

Alcohol in Erysipelas.— Dr. Stembarth emphatically recommends the treatment of erysipelas by means of freely painting the affected area and adjacent apparently healthy zone with absolute alcohol. The painting should be made with a brush or cotton wool swab and repeated every two or three hours. Of twelve consecutive cases treated by the author after this simple, easy, safe and highly efficacious method, eleven recovered in two or three days. The remaining case (that of an extensive puerperal erysipelas of the lower limbs and lower part of the body) was cured on the tenth day.

The cause of appendicitis is to be sought in stenosis. Yet some cases of perforation have occurred without stenosis. It may result, for instance, from tubercular ulcers, and from typhoid ulcers. Foreign bodies in the appendix are seldom the cause. The appendix being muscular, has power to cast these out when not constricted, otherwise inflammation and perforation from this cause would be very common. The most common cause of appendicitis is catarrhal inflammation, which starts either in the appendix or coput coli—oftenest, it seems, in the latter. The tumor found in appendicitis is usually located in the right iliac fossa, but the appendix being movable and sometimes long (I have seen it five inches in length), it may be felt at some place quite distant. The gravity of an operation is much less when the adhesion to the abdominal parietes are such as to permit of the tumor being entered without invading the free peritoneum. The importance of finding the location of such adhesion in order to operate with greatest safety is apparent.—*Dr. Gerster.*

SELECTIONS.

The Pathology of Pelvic Inflammation.

BY ALEX. J. C. SKENE.

While the knowledge of the pathology of pelvic inflammation has greatly advanced in recent times, there is still a wide diversity of opinion among authorities regarding its causation, and the relative frequency with which the several organs and tissues become involved.

This difference of opinion results from a difference in the methods of observation. Some have drawn their conclusion from clinical histories and from physical signs obtained by manual and instrumental exploration; others have made deductions from postmortem examination; while quite recently a number have based their opinion upon the observations which they have made after abdominal section. To reach the facts requires prolonged and oft-repeated observation from all these points of view. One of the difficulties encountered in the observation and one which has led to many differences of opinion in regard to the pathology, is that pelvic inflammations seldom come singly. Many of them come together, and so complicate one another that it is impossible to ascertain anything definite regarding the lesions, although investigated in every possible way.

It simplifies the subject and gives more definite results to consider separately the pathology of each form of inflammation which has been found to occur, and then to consider the groups which they naturally and actually form.

I. *Pelvic Cellulitis*—This was at one time regarded as the most frequent of pelvic inflammations, but recent observations show that it does not take first rank in this respect. Extremists have hinted that it is very rare, and that when it does exist it is secondary to peritonitis, or salpingitis. As a matter of fact, it occurs independently of either of these inflammations, and in this respect may be considered a distinct and primary affection. It is generally caused by sepsis, or by gonorrhœal infection derived from the vagina or cervix uteri, and transmitted to the cellular tissue through the bloodvessels or lymphatics; or by contusions of the ce lular tissues which cause extravasation and necrosis without any apparent extrinsic infection. These conditions are especially operative in the puerperal state but may be due to injuries received during surgical operations. Another known cause, although a very rare one, is the rupture of a vessel in the cellular tissue—a pelvic apoplexy. This does not necessarily cause inflammation of a distinctive character, and only does so, perhaps, when the blood is in a morbid state. These are the causes of primary cellulitis.

The course pursued by the inflammation is the same as in cellular tissues generally. It may end in resolution or in suppuration, the size and location of the abscess depending upon the extent of tissue involved. Pus is always discharged through the vagina, occasionally through the abdominal wall, rarely through the bladder or rectum. In a few cases the pus has burrowed outward and upward to the sheath of the psoas muscle. If the abscess opens at its most dependent part evacuation and drainage are complete, and recovery is sometimes so perfect that not a trace of the former disease can be found upon examination, either during life or after death. This fact has been used as an argument to prove that a cellulitis did not exist.

This is not the invariable history of cellulitis. Suppuration may continue indefinitely, because the evacuation is incomplete and the drainage imperfect, owing either to the locaiton of the opening in the abscess, or to the fact that there is a large mass of inflammatory products honeycombed with small abscesses. In some cases the abscess wall is very thick and is a long time in disappearing after the sac has closed, This leaves a solid mass in the cellular tissue and some fixation of the uterus. This condition is called chronic cellulitis by some, but it bears the same relation to inflammation as do ashes and charred timbers in a building to an extinct fire. Most of the extreme modern pathologists diagnose this condition as tubal, ovarian, or peritoneal inflammation.

II. *Pelvic Peritonitis.*—This occurs as a distinct affection. Its presence alone has been recognized clinically and abundantly demonstrated postmortem.

The cause of primary peritonitis is sepsis conveyed through the lymphatics which run directly from the vagina and cervix uteri to the pelvic peritoneum. In this respect the causes of pelvic cellulitis and peritonitis are somewhat alike. When there are superficial abrasions of the mucous membrane, the septic material in the vagina or cervix causes peritonitis, while deeper injuries, like lacerations, are prone to eventuate in cellulitis. This is only a possible explanation of well-known facts.

Among the causes of pelvic peritonitis are:

1. Certain constitutional conditions which predispose inflammation of serous membranes, the most notable of which are advanced renal diseases and tuberculosis.

2. Rupture of the Graafian follicle, presumably having morbid contents.

3. Exposure and excesses.

The relative importance of these is not well established. The fact, however, is known, that inflammation of the pelvic peritoneum and the pleura occur as primary affections when the cause cannot be definitely discovered. Perhaps

some pathological state of the blood may be responsible for the predisposition, and some unnoticed slight traumatism may be the excitant.

Secondary pelvic peritonitis will be referred to later. Pelvic peritonitis may be circumscribed or may involve the whole pelvic peritoneum. In the primary form the process, as a rule, ends with transudation and exudation, and rarely does suppuration occur, unless the cause is sepsis of a virulent character, or tuberculosis. If suppuration occur, or if there is a large serous transudation, the pus or serum accumulates in the sac of Douglas, and is walled in, if the case does not end fatally, by an exudate which bridges over the sac of Douglas. If the walling-in is complete and protects the subject from fatal septicæmia, the pus is discharged through the rectum in all or the great majority of cases, unless evacuated by the surgeon. Adhesions take place where the inflamed surfaces meet. In mild cases these are generally limited to the abdominal ends of the tubes and their nearest neighbors, and to the most dependent parts of the peritoneum. Recovery follows, but is slow in all cases, and is seldom complete. The structures are more or less damaged by the exudate and adhesions, according to the extent of the disease, and in time the exudate and even the adhesions may be taken care of by absorption. The products of this inflammation have in the past been mistaken for the results of pelvic cellulitis. While they usually cause pain and discomfort and impair the functions of the pelvic organs, they do not tend to a fatal result, and generally yield to prolonged treatment.

III. *Salpingitis.*—This form of inflammation seldom occurs alone. Primary cases are due to tuberculosis, a hæmorrhage or occlusion of both ends of the tube. In the latter condition, the natural secretions accumulate and cause a limited inflammatory process. In the great majority of cases salpingitis is caused by endometritis, either catarrhal or septic. It is sometimes found to exist in the absence of all the other forms of pelvic inflammations which we have considered.

When caused by catarrhal endometritis, salpingitis ends either in recovery or in hydrosalpinx, which may in time excite pelvic peritonitis, or it may by discharging into the uterus end in recovery, but leave a more or less damaged tube. Again it may remain and give trouble until the tube is removed by the surgeon.

When the cause is septic or specific, pyosalpinx usually results. This leads to other and serious complications and has no tendency to recover, except when after repeated attacks or a single violent one of peritonitis the diseased tube is walled in above, and, by disintegration of the opposing tissues below, it opens into the rectum or into the cellular tissue, and then finds an exit through the vagina or other pelvic viscera. This does not always terminate the disease. Prolonged suppuration and septicæmia may cause a fatal termination.

IV. *Inflammation of the Ovaries.*—This occurs in a variety of forms, but there are only two which present distinct clinical histories: (*a*) The *acute*, which ends in suppuration, and (*b*) the *degenerative* or so-called *chronic* ovaritis.

(*a*) *Acute Ovaritis.* Acute ovaritis is, as a rule, a secondary affection. The causes are puerperal and specific inflammations and neoplasms, and degenerative disease of the ovaries.

Ovarian abscesses found in connection with puerperal metro-peritonitis are familiar examples of the former, and suppurating ovarian cysts illustrate the latter. The termination of ovarian abscess is in death; at least that is the tendency—the abscess rupturing and causing fatal shock or peritonitis. The exceptions to this are when relief is given by the surgeon, before or at the time of rupture and when the ovaritis sets up peritonitis before rupture and the ovary becomes walled up in the sac of Douglas. The abscess may also discharge through some of the pelvic viscera or be reached through the vagina or by abdominal section.

The important point to be observed in the pathology with reference to treatment is that there is a difference between these cases in which the diseased ovary is lodged in the sac of Douglas and walled-in by protecting exudate, and those that are not so guarded. This difference should determine whether the interference of the surgeon is to be immediate or delayed.

(*b*) *Chronic Ovaritis.* This is characterized by histological changes rather than by the development of the products of ordinary inflammation, and is a very common affection. It has been claimed that it is caused by endometritis, the assertion being based upon the similarity of structure of the endometrium and the ovarian tissue and the fact that endometritis and this form of ovaritis coexist. Much might be said on this point, but time only permits me to add that this method of causation is not proven. As nearly as can be ascertained the cause is malnutrition, giving rise to certain degenerative changes, which in their pathological histology bear a much closer resemblance to hepatitis and nephritis than to the products of inflammation in connective tissues and in serous and mucous membranes. The ovary is peculiar in this, that each performance of its function entails a certain irreparable destruction of a portion of its tissue. It is an organ that is continually degenerating during its functional activity, and hence it is

difficult to find the line of demarcation between the physiological destruction of tissue and the pathological changes which occur from inflammation—difficult, I should say, to all but those who have a proclivity to remove ovaries. Surgeons of that tendency find evidences of disease with a facility which startles skilled pathologists. Ovaritis of this form, in an ovary that is not displaced, does not tend to fatal results, and hence does not call for ovariotomy. In many cases the degenerative changes in structure lead to atrophy, arrest of function, and the disappearance of all symptoms. Such atrophied ovaries are supposed to be the site of neuralgic pain, which is so violent and persistent as to call for extirpation. This is not invariably the condition which causes pelvic pain, if we may judge from the fact that removal of degenerated ovaries does not always give relief.

Any of the inflammations here referred to may lead to one or to all the others—that is, the one, instead of running its course alone and uncomplicated, may excite secondary inflammation in any of the other organs or tissues. But either of them may occur alone, and they may all occur in succession, and even coexist.

Cellulitis often leads to secondary peritonitis, while peritoneal inflammation rarely extends to the cellular tissues. When such an extension occurs it is usually from burrowing of pus that has become walled-in, forming an abscess in the sac of Douglas. This takes place late in the process of the disease, and is sometimes considered a recurrence or relapse of the peritonitis. Along with the acute symptoms, which are lighted up by the burrowing of pus, come the physical signs of the cellulitis. When suppuration takes place in the cellular tissues it is often diffused and does not present a well defined pus sac as in primary cellulitis.

Peritonitis frequently damages the ovaries and outer end of the tubes, but it is seldom that a general inflammation of either is caused by peritonitis. When all of these coexist, inflammation of the tubes and ovaries occurs first, as a rule.

Looking at the subject as a whole, there are a few well-defined facts. The first of these is, that no matter where inflammation begins or what parts it involves, if the process gives rise to the formation of pus, the pus must be removed by the surgeon either through the vagina or by laparotomy in the majority of cases. Still another fact worthy of mention is, that in case the inflammation subsides before suppuration occurs, the resultant lesions are rarely improved by operative surgery—they do best upon general treatment.

By way of making more clear the foregoing statements in regard to the pathology, a word may be said about the lesions which remain or which may develop after laparotomy. The adhesions which surround a tube filled with pus and need to be broken up or divided in order to remove the tube, reunite, and more adhesions form. This is inevitable and must be tolerated; but when a laparotomy is done for the purpose of diagnosis or to remove an inflamed organ which is presumed to be offending, the lesions are seldom improved, and the suffering is not rendered less bearable to the patient.—*Medical News.*

Points in the Morbid Anatomy of the Fallopian Tubes.

Beyond being the occasional resting place of an impregnated ovum, or the seat of fluid accumulations and malignant deposits, the pathology of the Fallopian tubes has been, until the last twenty years, almost a blank.

The lesions of the tubes, to which the author specially intends to refer, are of three varieties: Inflammatory, contortive, and combined varieties.

The points to which especial attention is called are:

1. That simple contortion of the tube is an extremely common condition.
2. That it manifests itself as a spiral angular bending.
3. That it may occur independently of any inflammatory or other apparent morbid change.
4. That when associated with surrounding inflammation, it is more probably the cause than the result of that process.
5. That it is either congenital or acquired, the former being a maintenance of the normal fœtal condition, while the latter is frequently the result of sub-involution after pregnancy.
6. When associated with a secondary endosalpingitis, it predisposes toward encysted pyo- or hydro-salpinx from retention of the secretion, and thus gives rise to the sacculated condition of many of these tumors. Lastly, in itself it is sufficient to give rise to those stereotyped signs and symptoms of disease of the appendages, viz., sterility and premenstrual dysmenorrhœa. —*Edinburgh Med. Jour., December*, 1890.

The Peroxide of Hydrogen.

Bryant has had experience in the use of peroxide of hydrogen rather as a local application than as a medicine. He has used it largely in ten-volume solution for the last three years. The first case in which he applied it was one of suppuration about the scrotum in association with tubercular testis. There were a great many sinuses, and the patient was old, and refused operation. He repeatedly injected a solution of five-volume

strength into the sinuses, and a material came out which was at first like yeast, but was afterward quite clear. After using it three or four times the sinuses closed and the patient got quite well. The second case in which he tried it was one of suppurating tracts in the gluteal region, following a gluteal abscess, in a middle-aged man who had no rectal, vesical, or bone disease. The sinuses were long, and led into the pelvis; they were treated by the ten-volume solution, and, after about half a dozen syringings, in the course of four weeks the patient was quite well. The third case was one of extensive sinuses running up behind the rectum, and it was doubtful whether they communicated with the gut; this patient also made a good recovery after injection. A fourth case was one of very numerous sinuses about the breast, which, being treated in the same way, led to a similarly favorable result. Six weeks ago he saw a young woman of twenty-four, who, after a chill, complained of pelvic pain, and was very ill with typhoid symptoms for a month. He found a large tumor springing from the pelvis, approaching the umbilicus, and causing obstruction of the bowels. Under chloroform he made an opening through the posterior cul-de-sac of the vagina, and evacuated more than a quart of fetid pus. He then thoroughly irrigated the cavity with the peroxide solution, and this was continued regularly for some time afterward. The temperature at once fell to normal; at the end of a week the drainage-tube was pushed out and she was at the present time quite well. Such a result surpassed his greatest expectations. He has found it also of great use in large spinal abscesses; it reduced the fluid exuded from these to a condition almost like that of serum—a result which he had not found to be brought about by any other antiseptic. Its especial value would certainly be found in the treatment of suppurating tracts and abscess-cavities.—*Lancet.*

Intussusception in a Child of Nine Months.

A well-nourished child, aged nine months, was taken ill on the previous evening, when he began to vomit. He was admitted to the hospital the next day. Upon admission he was collapsed; the pulse quick and feeble. The abdomen was somewhat distended, and a sausage-shaped tumor could be felt extending across the abdomen a little above the level of the umbilicus—that is, in the region of the transverse colon. The condition of the child was so grave that the abdomen was opened at once, without resort to injection or inflation of the bowel. Reduction was affected partly by pushing and partly by drawing the volvulus out of its sheath. The child did well, and was discharged with the wound quite healed three weeks later.

Remarks—The experience of Dr. Marsh convinces him that when the operation is performed early, it is not in itself a proceeding that involves serious danger; and secondly, that it is followed by a very large proportion of successes.

The grounds for advocating early operative interference are that the conditions present are very similar to those of hernia. The necessary interference consists first in taxis, and if it fail, immediate operation.

The treatment of intussusception should be pursued on exactly similar lines. The evidences of intussusception—griping pains, sickness, the passage of mucus and blood, and the presence of a sausage-shaped tumor—are usually distinct, while often the intussusception can be felt by examination by rectum. Thus a correct diagnosis can, in the majority of cases, be made at once.

The author employes abdominal taxis, by placing the patient under chloroform and allowing warm water to flow into the bowel by means of a soft rubber tube with funnel attached. This operation must be done with care. The amount of fluid must be observed, and the height of the column of fluid must be guarded.

Should taxis fail to effect reduction, abdominal section should at once be performed.

Reduction is then best effected by taking the sheath *in situ* just below the advancing end of the tumor, between the index and middle fingers, and exercising gentle pressure upon it, shifting the fingers and repeating the pressure so as to lift the intussusception upward and make it "back out." By this means the tumor may usually be quickly reduced until only the entering end remains. When this is the case, the intussusception should be brought forward into the wound, so that reduction may be completed partly by pushing the intussusceptum out by pressure on the sheath, and partly by very gentle traction upon it. The writer is convinced that in the majority of cases reduction can be easily effected in this manner, if the intussusception has not been strangulated for more than ten or twelve hours; but if strangulation has existed for eighteen hours or upward the reduction is likely to be difficult and will often be impossible. Two cases are referred to. They were very unpromising; but both made good recoveries after abdominal section.

That failures have hitherto been frequent has been, the author thinks, quite certainly due, very largely, to the circumstance that the operation has been delayed until the local conditions—swelling, inflammatory softening and adhesions—have precluded success. These conditions are not usually present in the first twelve or the first eighteen hours. Yet the author has

found one case in which they were present, after the intussusception had apparently only existed fifteen hours. The possibility of this rapid formation of adhesions is an additional reason for early interference.

The author has recently examined the specimens in the museum of St. Bartholomew's Hospital, with a view of ascertaining whether, when it is found that the head of the intussusception is so large and firm that it cannot be returned, it would be possible with safety to divide the sheath at the seat of constriction, and then, having effected reduction, to close the wound in the sheath by suture.

This point, however, is one which can only be determined by trials made in what may seem to be appropriate cases at the time of operation.—*Dr. Marsh, in London Lancet.*

Duration of Pregnancy.

Oliver concludes, after very careful observation, that the duration of pregnancy in the human female varies as much as it does in the case of many of the lower animals. Issmer, reckoning only cases in which the fœtus was well developed, asserts that the duration ranges from 260 to 304 days. But Oliver believes there must be some error in this statement. If we reckon from the last menstruation, we must be careful to ascertain the exact date of the cessation of this, for it will be remarked that where the duration of the discharge varies little, the woman, when asked, is more likely to give the date of the beginning than the date of cessation of the last menstruation, and in this way mistakes may arise in your calculation to the extent of four or more days. The majority of authors are agreed that in reckoning the duration of pregnancy in women, we ought to fix the probable date of delivery on the 278th day from the cessation of the last menstruation. He is of the opinion that the best results will be obtained by ascertaining, first, the date of cessation of the last menstruation, and then the usual duration of the inter-menstrual period in each given case; the number of inter-menstrual days should then be divided by two, and it will be found that the 260th day from the middle of the inter-menstrual period will most probably be the date of confinement.—*Medico-Chirurg. Journal.*

Nitrite of Amyl in Chloroform Poisoning.

I desire to add another case of chloroform poisoning treated successfully by the inhalation of nitrite of amyl. The facts are as follows: At about 7 P. M. of March 13, 1890, I received a telephone message to come hastily to M. P——, who had taken chloroform and could not be awakened. The distance was about one and a half mile, and I stopped at a drug-store to procure five-drop pearls of nitrite of amyl. Time of arrival was about half an hour after being called. I found the patient in a profound stupor, respiration shallow, pulse rapid and feeble. A three ounce vial was found in his coat pocket, half full of Squibbs' chloroform. A telephone message to the druggist revealed the fact that he had purchased three ounces of the drug some two hours before. He had swallowed apparently about one and a half ounce. Air was at once freely admitted to the room and to the patient, and a pearl of the nitrite given by inhalation. The effect was immediate and apparent. After the lapse of fifteen minutes pulse again became rapid and feeble, and another pearl was used, with the result of deepening the respirations and increasing the vigor of the pulse. The same thing was repeated at lengthening intervals eight or nine times. Meanwhile hypodermic injections of atropia were twice given, and towels wrung out of cold water dashed upon his chest. After four hours the patient awoke from his stupor, and in another hour was out of danger. Recovery was somewhat slow, owing no doubt partly to the great destruction of red blood corpuscles, as evidenced by the extreme icteric hue of the skin, which persisted for two weeks. In my judgment this patient could not possibly have survived without the use of nitrite of amyl. —*Dr. Mammen in Medical Record.*

Some Things That I Have Learned.

I have learned to say, "No, I will not go without my pay in advance," when a known "deadbeat" requests my services. It took me several years to work up to this point, but I finally got there.

I have learned that a kind and sympathetic manner, combined with firmness—and I wish to emphasize the firmness—is of great value in holding the confidence and good will of the patient.

I have learned that felix mass and kalama made into an emulsion with gum tragacanth—a drachm of each to the ounce—is a surer and pleasanter remedy for tapeworm than is pomegranate bark.

I have learned that quinine and whisky will induce palpitation and heart failure in about 20 per cent of the patients to whom either is continuously administered.

I have learned that nothing irritating should be sprayed into the nasal cavities if you wish to cure a catarrhal condition of the same.

I have learned that in a great many cases a catarrhal condition of the pharynx and nose depends upon lithemia, and remedies to overcome this relieves the catarrh.

I have learned that a *hot* water compress in all kinds of bruises is much more effectual than

cold in preventing capillary stasis and consequent discoloration. It also relieves the pain better than cold.

I have learned that a few whiffs of chloroform are very grateful to a woman in the last throes of labor. It takes the ragged edges off of the exquisite pain caused by the head passing through the vulvar aperture, and quiets the nerves greatly.

I have learned to let the woman in the puerperal state sit up on the vessel to relieve the bladder or bowels, instead of using the bed pan. This allows septic material to pass out of the vagina, thus preventing toxemia. I have never known a case of puerperal fever to occur where this method and cleanliness were practiced.

I have learned not to expect impossibilities of remedies administered in disease when there is any kind of an organic lesion, or where the diagnosis is a little uncertain.—*Dr. Miles, Ec. Med. Journal.*

Germicide Action of the Gastric Juice.

Dr. Boris I. Kianovsky of St. Petersburg, has made elaborate experiments on fifty persons, some of whom were healthy, some suffering from gastric cancer, dilatation of the stomach, etc. The essential results of these experiments he summarizes as follows:

1. A fasting, healthy stomach always contains great numbers of microbes of various species.

2. The numerical strength of such microbes as are found in the gastric contents an hour or so after a meal stands in direct relation to the number of microbes in swallowed food, drink, etc.

3. The gastric juice possesses distinct antimycotic properties, which are to be attributed mainly to the presence of free hydrochloric acid.

4. "Given a gastric juice of a normal average general activity, and with a normal average proportion of free hydrochloric acid, the secretion kills the bacteria in a systematic manner—that is, the longer it remains in contact with the microbes the greater number of the latter are destroyed."

5. In the case of the juice of a subnormal acidity, however, the bacteria continue to steadily grow in number.

6. The microbes do not seem to take any part in the gastric digestion.

7. In such sick persons whose gastric juice still continues to contain a sufficient proportion of free hydrochloric acid, the secretion proves to possess the same germicide properties as in healthy people.

8. Such sick persons whose stomach elaborates but trifling amounts of free hydrochloric acid, are liable to be infected through the organ to a greater degree than healthy subjects.

9. "Nobody should allow his stomach to remain empty for a long stretch of time after morning rising; especially medical practitioners should take care in this regard.

10. "In times of epidemics (e. g. cholera) everybody should avoid fasting for a long period. It is advisable to arrange one's meals in such way that the stomach could always contain a certain quantity of food (sterilized if possible)."—*Provincial Med. Journal.*

The Atmospheric Tractor—A Substitute for the Forceps.

Dr. P. McCahey, of Philadelphia, demonstrated on the manikin the use of the atmospheric tractor. The instrument consisting of a kind of cup with handle made of thick, soft rubber showed its tractile power on the head of the dead baby, spoke of its uses, and compared it with the forceps. The tractor which he exhibited covered an area of about five square inches, and exerted a force, when applied to a wet surface like the head of the newly-born, of from twenty-five to thirty-two pounds, or over one-third of the atmospheric pressure, which is fifteen pounds to the square inch. He claimed that the instrument could be applied with facility, furnished a sufficient amount of force to extract the child, was positively harmless, and could be used with perfect safety in both normal and abnormal labors. In normal labor it was employed to shorten suffering. Of course the os must be dilated to a size as great or greater than that of the tractor. The speaker had employed the instrument in about twelve cases, and had delivered in from five to twenty-five minutes, where nature would probably have required two hours or more.

With the tractor one could direct the head through the canal as might be desired, and one of its chief advantages was in prevention of rupture of the perineum. All objections to the instrument had been offered on theoretical grounds, and had not held in practice.

None of the gentlemen present who discussed the use of the tractor had had experience with it, but all seemed pretty generally of the opinion that it would be useful after the head had entered the pelvic canal, and in preventing rupture of the perineum, but that it could not be applied at an earlier stage, especially in primiparæ, or, if it could, that it would not exert sufficient force to take the place of the forcep when this instrument had generally been indicated.

In closing the discussion Dr. McCahey extolled the tractor as a means of lessening the pain of labor, claimed that the objections offered during the evening did not hold in practice, that the tractor could be applied at any stage when the os was sufficiently dilated; and while not asserting that it could entirely take the place of the forceps, yet expressed the belief that it

would do so in many cases where these instruments had been used in the past, and not infrequently had caused injury to child or mother. —*Med. Record.*

Antipyrine and Death.

A correspondent of THE ERA, in Pennsylvania, sends us the following clipping from a Buffalo paper. He also states that he has had two hundred cases of *grippe* to treat, without the loss of a patient:

"There's a queer thing about this epidemic which is that the allopaths are losing all the cases," said an overworked undertaker to a *Buffalo News'* reporter yesterday afternoon.

The undertaker was drawing on his gloves preparatory to attending to a "4 o'clock" at Forest Lawn.

"Are you serious or jesting?" asked the reporter, who is an allopath by predilection.

"Dead in earnest," was the reply. "We've been rushed to death for a month, and we haven't buried a homœopathic victim of grip or pneumonia yet. If you doubt what I say, go and look at the death certificates."

The reporter proceeded to the bureau of vital statistics and found the undertaker's statement pretty well backed up.

The registrar had just moved into the board of health's new quarters in the new municipal building, and was unable to comply with the reporter's request to be allowed to scan the death certificates for the past month, and was only able to exhibit those filed since April 14.

With the aid of a list of physicians of both schools and the individual knowledge of reporter and registrar, the investigators were able to identify most of the names as those of allopaths or homœopaths.

Altogether, out of seventy certificates of death from acute lung diseases, such as pneumonia, congestion of the lungs, "la grippe," (consumption barred), it was found that sixty-three bore the signatures of allopaths, six signatures were described as in doubt as to which school the practitioner belonged to, and but two were signed by physicians recognized as belonging to the homœopathic school.

The registrar looked very uncomfortable as he aided the reporter in his task, for the city government's health department is old school. "You should remember that there are more allopaths than homœos in this city," said he as he called out "allopath," reading from the last death certificate which had just come in, and for filing which an undertaker's boy was awaiting the reward of a death certificate.

Inquiry elicited the fact that there are 300 allopaths in Buffalo to 60 homœopaths—a proportion of 5 to 1. To bring up the proportions and eliminating the doubtfuls, the reporter multiplied the homœopathic deaths by five, which would give that school 10 deaths to the allopathic's 63, given an equal number of homœopaths and allopaths in Buffalo.

"Why are the homœopaths apparently so successful?" asked the same reporter later in the day of Dr. S. N. Brayton, of Delaware avenue.

"They are not 'apparently' successful; they are successful," was the reply. "Dr. Mosely and I have been on the jump for a month, and we have not lost a case of this disease yet, classifying all these lung complications as belonging in the category of grippe or its resultant diseases. The only lung disease patient we have had who died had had a hemorrhage before Dr. Mosely was called, and was beyond medical help in the last stage of consumption. The allopaths are killing their patients off like sheep with antipyrine, antifebrine and other depressants. You will find on inquiry that other homeopathic physicians have been as successful in their treatment of this disease as we have and figure very little on the death certificates from this disease."

"Is there much antipyrine being used in this city in the treatment of the grip?" the same reporter asked Health Physician Green a little later.

"Lots of it," said the genial doctor; "it is used to combat the fever."

"Do you use lots of it?" asked the reporter.

"I cannot say I do," replied the doctor. "I consider it a drug to be used with the greatest caution, as its action on a weak heart might be very unfavorable."

"And yet there is lots of it used?"

"Yes; there is no doubt about that."

"And it may kill patients?"

"It certainly may," was the reply.

"What other remedies are used in the grip?"

"Well, antifebrine is used."

"Another remedy of the same character?"

"Yes," replied the doctor, "and phenacitine is also used. Its use is not so dangerous, but it belongs to the same family. I cannot account for the very large mortality; but one thing is certain, we are fighting a disease new to medical practice in Buffalo in such an aggravated form. It is alarmingly fatal, and eclipses anything in the way of an epidemic the present generation of Buffalo physicians ever had to battle with. If the disease were small-pox or yellow fever, the city would be called plague-stricken and every road leaving it would show processions or caravans of wagons carrying household goods to country resorts; but it is only the grip, so they stay in town. And yet, as a matter of fact, this disease is far more fatal than small-pox or the more generally dreaded maladies. We can stop them or head them off, while you cannot do so with this."

ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION; MEETING OF 1891.

At this meeting of the Illinois State Homœopathic Medical Association the most important work ever attempted for the cause of homœopathy in this State was started with a fair prospect of success.

The Legislative Committee—J. A. Vincent M. D., of Springfield, Chairman, with such workers as J. S. Mitchell, M. D., Chairman of the Chicago committee; T. C. Duncan, Secretary; T. S. Hoyne, W. A. Smith, C. B. Kinyon of Rock Island, and others, actively assisting, has been maturing during the past winter a plan for organizing the homœopathic members of the profession of the State so that each assembly district should have a representative of our school at work, molding public opinion and securing legislative favor.

When the Association met, the Legislative Committee was empowered to appoint a committee of fifteen, to meet the Senate and House Committee that afternoon.

Dr. J. S. Mitchell was the first speaker in behalf of homœopathic interests. He called attention to the necessity of more accommodations for the insane—urged the importance of their early treatment, insisted upon the advantages of a separate building for homœopathic patients rather than enlargement of the old institutions, dwelt upon the large number of tax-paying voters whose choice was the homœopathic treatment, claimed that in view of the latter fact it was special legislation to give the charge of all the State institutions to members of one school, and finally in the name of one thousand homœopathic physicians of Illinois and their following, demanded that the necessary legislation be made to place a new insane asylum under the charge of the homœopathic school.

He was followed by Dr. E. H. Pratt, who made a vehement and eloquent plea for justice to the homœopathic school. He spoke especially of the folly of crowding too many insane patients in one building, demonstrated the importance of the homœopathic school, and urged that the bill be passed.

Drs. A. K. Crawford, T. C. Duncan, C. B. Kinyon of Rock Island, O. B. Blackman of Dixon, F. W. Gordon of Sterling, also made forcible arguments. Dr. J. A. Vincent had done yeoman service throughout the session, appearing several times before the committee and watched with jealous care the progress of the bill. Dr. T. S. Hoyne rendered valuable aid in securing the powerful support of leading newspapers. The indefatigable efforts of the secretary, Dr. T. C. Duncan, were mainly instrumental in perfecting the organization of our school throughout the State.

PROCEEDINGS OF THE THIRTY-SIXTH ANNUAL SESSION OF THE ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION.

Held in the Rooms of the Supreme Court, Springfield, Ill., May 12, 13, 14, 1891.

TUESDAY, MAY 12, FIRST SESSION.

Meeting called to order at 10:45 A. M., President Charles E. Laning, M. D., in the chair.

In the absence of the secretary, Howard N. Lyon, M. D., was elected to act as secretary of the meeting.

On motion the report of Dr. T. S. Hoyne, chairman of the Bureau of Necrology and Statistics, was, in the absence of Dr. Hoyne, read by Dr. T. C. Duncan.

Remarks were made by Drs. T. C. Duncan and J. A. Vincent on the life and works of the late Dr. D. S. Smith.

On motion it was directed that the remarks of Drs. Duncan and Vincent be spread on the minutes of the society and that a copy be sent to the bereaved family.

SECOND SESSION.

Meeting called to order at 3 P. M., the president in the chair.

The following were elected to membership:
Dr. H. H. Townsend, Pontiac.
Dr. H. N. Lyon, Chicago.
Dr. S. E. Dunlap, Springfield.
Mortimer Ayers, Rushville.
A. W. Swift, Belvidere.
E. E. Vincent, Springfield.
N. P. Smith, Paris.
J. Q. Garner, Perry.
C. F. Poppele, Mt. Pulaski.
C. A. Frazer, Springfield.
Boyle Vance, Petersburg.
W. P. Armstrong, Lincoln.
J. K. Ebert, Pana.

Minutes of the thirty-fifth annual meeting read and approved.

On motion Dr. N. A. Pennoyer of Kenosha, Wis., was elected an honorary member.

Annual address delivered by the president.

On motion the following were appointed a committee on president's address: Drs. T. C. Duncan, R. C. Bain and O. B. Blackman.

The remainder of the afternoon was spent in an informal discussion of cases.

WEDNESDAY, MAY 13, FIRST SESSION.

Meeting called to order at 9:30, the president in the chair.

The following were elected to membership:
Dr. W. D. Gentry, Chicago.
Stonewall Johnson, Chicago.
E. M. Fuller, Chicago.
G. E. Coggswell, Mt. Carroll.

Joel Underhill, Gardner.

The discussion of the previous day finished.

Dr. J. A. Vincent, chairman of the Bureau of Medical Legislation, delivered the annual report.

On motion the bill now in the State Senate to establish separate examining boards was referred to the legislative committee, with instructions to report on the following day.

The following resolution was offered by Dr. T. C. Duncan: *Resolved*, That the Bureau of Medical Legislation, Jurisprudence and Education of this Association be requested to appoint a committee to visit the State charitable institutions and to report annually on their condition and necessities from a medical point of view.

Report of Bureau of Sanitary Science offered by Dr. Charles N. Hazleton, chairman. In the absence of Dr. Hazleton the report was read by Dr. Kinyon. The subject of this report was "Notes on Dietetics."

On motion Dr. Hazleton's paper was referred to the committee on sanitary science for publication in the public press.

On motion of Dr. H. P. Skiles the Association decided to establish a Bureau of Laryngology and Rhinology.

The secretary announced the receipt of a telegram of greeting from the Texas Homœopathic Medical Association, and, on motion, similar messages were directed to be sent to the State Societies of Texas, Indiana and Iowa.

The report of the Bureau of Materia Medica consisted of the following papers:

1. "Neglected Drugs," A. G. Downer, M. D., read by Dr. Duncan.
2. "The Scientific Materia Medica," T. C. Duncan, M. D.

SECOND SESSION.

Called to order at 2:45 P. M., the president in the chair.

Continuation of the report of the Bureau of Materia Medica:

3. "A Rational Method of Improving the Materia Medica," Howard N. Lyon, M. D.
4. "Gelsemium," F. W. Gordon, M. D.

There being no report from the Bureau of Ophthalmology and Otology, the hour was given to the new Bureau of Laryngology and Rhinology. The report of this Bureau consisted of a paper on "The Pathology of Laryngeal Cough," by W. A. Dunn, M. D.

At this point the Bureau of Materia Medica was reopened and the society listened to a paper on "A Study of Materfa Medica" by C. E. Laning, M. D.

The Bureau of Diseases of Women was represented by a paper by J. D. Dickinson, M. D., entitled "A Case of Intra-Uterine Polypus." In the absence of the author the paper was read by Dr. Skiles.

On Wednesday evening the members of the Association were entertained by Dr. and Mrs. J. A. Vincent at their residence in Springfield.

THURSDAY, MAY 14, FIRST SESSION.

The meeting on Thursday morning was by formal vote delayed until after the visit of President Harrison.

Meeting called to order at 10:30 A. M., the president in the chair.

The following were elected to membership:

L. S. Schuessler, M. D., Alton.

A. E. Kjellberg, M. D., Chicago.

The report of the treasurer, Dr. A. A. Whipple, read and referred to an auditing committee consisting of Drs. J. S. Mitchell, C. B. Kinyon and T. C. Duncan.

On account of the extra expense to which the Society had been subject the past year the treasurer was instructed to levy an assessment of one dollar on each member.

The report of the Bureau of Clinical Medicine was next offered. In the absence of the chairman, Dr. H. P. Holmes, Dr. H. P. Skiles was elected to serve in his stead.

The first paper was on "Sudden Death and Heart Failure," by B. S. Arnulphy, M. D.

At this point the Bureau was suspended, and the election of officers for the following, year held. The election resulted as follows:

President, C. A. Weierick, M. D., Marseilles.

First vice-president, O. B. Blackman, M. D., Dixon.

Second vice-president, A. K. Crawford, M. D., Chicago.

Third vice-president, Lucy Waite, M. D., Chicago.

Secretary, W. A. Dunn, M. D., Chicago.

Treasurer, A. A. Whipple, M. D., Quincy.

Board of censors:

Chairman, T. C. Duncan, M. D., Chicago.
M. J. Hill, M. D., Sterling.
C. B. Kinyon, M. D., Rock Island.

Board of directors:

J. A. Vincent, M. D., Springfield.
M. B. Campbell, M. D., Joliet.
W. A. Smith, M. D., Morgan Park.
H. M. Bascom, M. D., Ottawa.
L. C. Grosvenor, M. D., Chicago.
W. F. Knoll, M. D., Chicago.
E. S. Bailey, M. D., Chicago.
E. M. McAffee, M. D., Clinton, Ia.
J. S. Mitchell, M. D, Chicago.
R. Ludlam, M. D., Chicago.
C. B. Kinyon, M. D., Rock Island.

Bureau chairmen:

"Medical Legislation, Jurisprudence and Education," J. A. Vincent, M. D., Springfield.

"Obstetrics," G. F. Conant, M. D., Chicago.

"Sanitary Science and Hygiene," C. N. Hazelton, Morrison.

"Ophthalmology and Otology," J. Watry, M. D., Chicago.

"Diseases of Women," C. B. Kinyon, M. D., Rock Island.

"Medical Literature," J. S. Mitchell, M. D., Chicago.

"Diseases of Children," W. A. Smith, M. D., Morgan Park.

"Materia Medica," T. C. Duncan, M. D., Chicago.

"Clinical Medicine," A. K. Crawford, M. D, Chicago.

"Surgery," H. V. Halbert, M. D., Chicago.

"Neurology, Psychology and Electrology," H. P. Skiles, M. D., Chicago.

"Necrology and Statistics," T. S. Hoyne, M. D., Chicago.

"Pathology, Physiology and Histology," H. N. Lyon, M. D., Chicago.

The following resolutions were adopted by the society:

Resolved, That this Association approves of the measure known as House Bill No. 819 for the commitment of the insane upon the report of a commission of physicians appointed by the county judge in clear and undisputed cases of insanity, and also in cases where a public trial would, in the opinion of two or more physicians (registered in this State) jeopardize the recovery of such insane persons.

Resolved, That the Bureau of Neurology be, and is hereby, instructed to ascertain the percentage of recoveries and deaths in each of the State asylums for the insane and the comparative effect of large and small numbers of the insane in public institutions in the world.

Resolved, That the old committee on by-laws be discharged, and be it further

Resolved, That a committee of three be appointed to draft a new set of by-laws and to report at the next meeting.

The following delegates were appointed for the various State and National Societies:

American Institute of Homœopathy: J. A. Vincent, M. D.; B. S. Arnulphy, M. D.; A. K. Crawford, M. D.; G. F. Conant, M. D.; C. A. Weierick, M. D.; C. E. Laning, M. D.; A. A. Whipple, M. D.

Indiana Homœopathic Medical Association: J. B. Dunham, M. D.; L. F. Schussler, M. D.; A. G. Downer, M. D.

Missouri Homœopathic Medical Association: E. E. Vincent, M. D.; R. C. Bain, M. D.; W. A. Dunn, M. D.

Iowa Homœopathic Medical Association: M. Ayers, M. D.; H. P. Skiles, M. D.; N. A. Pennoyer, M. D.

SECOND SESSION.

Meeting called to order at 2:30 P. M., the President in the chair.

The Bureau of Clinical Medicine continued its report.

The report of the Chairman of the Bureau, Dr. H. P. Holmes, was, in the absence of the author read by title, and referred for publication.

Howard N. Lyon, M. D., read a paper on "The Microscope in Clinical Medicine."

A. Emil Kjellberg, spoke on "Massage and Swedish Movement."

The report of the Bureau of Neurology consisted of the following papers:

"Anomalous Exophthalmos," by A. K. Crawford, M. D., Chicago.

"Functional Insanity," by H. P. Skiles, M. D., Chicago.

"A Study of the Nervous System," by C. E. Laning, M. D., Chicago.

The Bureau of Diseases of Children was represented by a paper on "Capillary Bronchitis in Children," by C. A. Weierick, M. D., Marseilles.

The only report by the Bureau of Surgery was a paper by W. A. Dunn, M. D., of Chicago, on "Nasal Stenosis from Bony Obstructions."

At the close of the session, Dr. C. A. Weierick of Marseilles, gave notice that at the next meeting a resolution would be presented that Chicago should hereafter be selected as the place for holding the annual meeting.

On motion the meeting adjourned to meet in Chicago in 1892.

While in some respects this meeting was not what had been expected, yet on the whole it was probably one of the most successful in the history of the Association.

The most important work accomplished was that of the Bureau of Legislation in reference to the establishment of a Homœopathic Hospital for the Insane.

In the character of the papers presented and general tone of the discussions there was noticeable a more careful preparation and deeper research than usual. All of the work showed originality and it is greatly to be regretted that the entire proceedings could not be published.

Howard N. Lyon, M. D.,
Secretary pro tem.

A new remedy for skin disease is a continual bath, the patient eating, drinking and sleeping there until cured. One patient has been kept in such a bath for 385 days. He is tied up always at night to prevent him from slipping so as to be drowned. The palms and soles become much shriveled, but the rest of the skin is unchanged. The water is kept at 38° C.

MISSOURI INSTITUTE OF HOMŒOPATHY.

The fifteenth annual session of the Missouri Institute of Homœopathy was called to order by the President, Dr. T. Griswold Comstock of St. Louis, at the Midland Hotel, Kansas City, at 11 A. M., Tuesday, April 21, 1891, and continued to April 23.

The address of welcome was made by Dr. E. F. Brady of Kansas City, and responded to by the President.

President Comstock's address dealt with a wide range of subjects, all the live subjects of the day being discussed in an able and interesting manner. He insisted upon the importance of earnest continuous effort as necessary to advancement, and of the gains made by the homœopaths in obtaining legislative recognition, by membership on State Boards of Health. In the matter of diplomas from other countries he announced himself a believer in reciprocity in medicine, as well as in merchandise. He would recognize diplomas from countries where the recognition was reciprocal.

He alluded to the old school prejudice against homœopathists. He said that State Boards on which the majority of members were allopaths would authorize a homœopath to practice, but would not meet him in consultation at the bedside. He suggested the appointment of a committee on medical legislation.

In regard to Koch's lymph, he believed that as much good could be obtained in treating tuberculosis by the old methods, and less liability to harm incurred.

With reference to the use of hypnotism in medicine, he read conflicting opinions from experts. One opinion was to the effect that it could only be applicable in a pathological condition of the nerves, while another opinion was that it would equally apply where the nervous system was in good physiological condition. He was of the opinion that hypnotism was efficacious with some patients in certain kinds of cases. One of these was chronic alcoholism.

He thought there should be legislation against the use of hypnotism by ignorant traveling exhibitors—"fakirs"—and that the practice should also be prohibited in religions and other meetings. Those who practice it should be licensed.

During the afternoon session of the first day, papers, as announced in the Secretary's published programme, were read and discussed.

The first business of the second day was the election of officers, which resulted as follows:

President, Dr. A. Cuvier Jones, of Holden, Mo.

First Vice-President, Dr. T. H. Hudson of Kansas City.

H. W. Westover of St. Joseph, Second Vice-President; W. P. Cutler of Kansas City, Secretary; M. T. Runnels of Kansas City, Provisional Secretary; W. B. Morgan of St. Louis, re-elected Treasurer. Board of Censors, Dr. S. Thatcher of Oregon, Dr. Gutherz of St. Louis, and Dr. Winchell of Rich Hill.

St. Louis was chosen for the next meeting place.

The most important act of general business was the adoption of a series of resolutions, presented by Dr. W. John Harris, of St. Louis as follows:

WHEREAS, The General Assembly of this State at the last session failed to afford a definition of the phrase, "Medical institutions in good standing" for the guidance of the State Board of Health in the administration of the medical practice law as it relates to medical colleges; and

WHEREAS, There is a general demand at this time on the part of the medical profession of the State that attendance at colleges during three terms of not less than six months each in different years shall be required of students before being admitted to graduation;

WHEREAS, The American Institute of Homœopathy, our National Medical Organization, in 1888 was the first to demand a graded course consisting of a three years' term attendance at all medical colleges recognized by that body, and at its last session made the further requirement of a four years' term of study; therefore be it

Resolved, That the Missouri Institute of Homœopathy hereby urgently requests that the three term requirement with four years' study be adopted by the State Board of Health at the next meeting of that body, and that every school thereafter failing to conform to such requirement be considered not in good standing, and its diplomas not entitled to recognition.

Dr. Schott said that the State Board of Illinois required not less than six months for each term, and he believed that the word six should be substituted for five in the resolution.

Dr. Delap contended that five months' practice covered that ground, since all colleges gave a 20 per cent leeway for sickness and necessary absence. He thought five months was all right.

Dr. James A. Campbell of St. Louis, contended for the six months, and especially for the three years' course. He said that there were five allopathic colleges in St. Louis. Three of these adopted the three-year course and lost students; two adopted the two-year course and at once increased their classes from fifty to 200 or 250. So it clearly proved that it was not a question of medical education, but solely of dollars and cents. The Bellevue Medical College of New York adopted the three-year course for one year, then it returned to the old two-year course, because she lost her students. "That is the old school of medicine which has sought for so many

years to heap ridicule upon the homœopathic school."

Dr. Harris accepted the amendment; the motion was put and the resolution was carried by a unanimous vote.

The business feature of the meeting next in importance was the report of the Bureau on Medical Legislation, which was made by Dr. I. D. Foulon, who prefaced his active bureau work by presenting the following resolutions:

"Whereas, The patrons of the homœopathic system in the State of Missouri constitute a large, growing and influential class of citizens and taxpayers;

"Whereas, If they were consulted in the matter, this large and influential class of citizens would prefer and direct that the proportion of the funds which they furnished for the support of State Hospitals and Asylums should be expended for institutions under homœopathic management;

"Whereas, It is against the spirit of American institutions that American citizens should either be compelled to submit to a system of treatment in which they do not believe or to be altogether debarred from all participation in the benefits that may be derived from eleemosynary institutions under State control;

"Whereas, Reliable statistics show that the treatment of insanity under homœopathic management results in a greater percentage of recoveries, a less percentage of deaths and a very large saving of expenses for drugs and appliances;

"Whereas, A comparison of results obtained in State institutions managed by different schools of medicine in this State would be beneficial to the spread of scientific truth and competition would lead to increased care of the patients;

"*Resolved*, That common fairness and true equity before the law, as well as the financial good of the State, the claims of scientific truth and the greatest possible good to the unfortunate, demand that one of the State Insane Asylums of the State of Missouri be placed under homœopathic treatment;

"*Resolved*, That the chair appoint a committee of three, who shall have power to add to their number indefinitely, for the purpose of organizing throughout the State to the end that such legislative and executive action may be obtained and shall secure to homœopathy the management of one of the State Insane Asylums."

The resolution was adopted by a unanimous vote.

The discrimination against homœopathic physicians as examiners, by some life insurance companies, received attention in the following resolution, which was adopted:

"Whereas, Notwithstanding the demonstrated fact that patrons of homœopathy constitute the most desirable class of life insurance risks, it appears that certain life insurance companies discriminate against homœopathic physicians by systematically ignoring them in their appointments of medical examiners;

"Whereas, Said discriminations amount to a charge of incompetency or dishonesty against the homœopathic branch of the medical profession without warrant in truth, or justification in fact; and

"Whereas, A decent sense of self-respect and a proper regard for the interests of homœopathy should deter homœopathists, whether professional or lay, from paying money into the coffers of institutions unfriendly to them as such, thus furnishing a portion of the financial sinews for the causeless war waged against them and their creed by the 'hard-shell' contingent of the so-called 'regular' school of medical practice, be it

"*Resolved*, That it is the duty of every practitioner of homœopathic medicine to resort to retaliatory measures against all life insurance companies that discriminate against homœopathic physicians as such in the appointment of their medical examiners, by explaining to their patrons the fact and cause of such discrimination and dissuading them from taking insurance in such companies.

"To the end that definite and reliable information in reference to the question of unfair discrimination as aforesaid may be had by the members of this institute, be it

"*Resolved*, That the general Secretary of the Missouri Institute be and that he is hereby instructed and directed to institute such inquiries as will place him in possession of all the facts bearing upon this question, and to communicate such facts to the members of this institute, and to homœopathic physicians generally, either by circular or the medical press, for their guidance in carrying out both the letter and spirit of these resolutions."

This closed the work of the bureau.

Dr. W. B. Morgan on behalf of the committee on presidential address reported in part as follows:

Mr. President and Members of the Missouri Institute of Homœopathy:

"Your committee on president's address are heartily in sympathy with him in his inculcation of the need and desirability of high ideal inspiration on the part of medical men. As eloquently set forth by him in his address, zeal and love of our art should be the distinguishing characteristics of professional conduct, and outweigh all mercenary considerations.

"Of the requirements and conditions of individual success, our President speaks in an especially happy manner. His statement that 'almost any one may win what he wants, or what

he wishes, if he has the patience and perseverance, the energy and the will to work up to his ideal' does not sound exactly like Shakespeare, but it voices in choice terms a sentiment that it would do us all good to thoroughly fix in our memories, and keep well in sight.

"Right here we want to say, without any desire to flatter, that our President, the Nestor of our councils in St. Louis, in the pursuit of his ideals has practiced what he preaches in his address. His widening industry, continuing unabated at a time of life when most men are content to live in the memory of past achievements, cannot but win the admiration and give inspiration to all who know him. That he understands the requisites and conditions for individual success we do not need to assure you concerning his recommendations for society action. We indorse that advocating reciprocity in recognition of licenses to practice medicine. We approve the position taken by the Illinois Board in this matter, and recommend that this society request our State Board to take the same stand.

"We believe that Yankee enterprise and push do not need to creep to German or other foreign institutions.

"As to the recommendation of the appointment of a standing committee to look after legislative matters, we think this duty is within the province of the Bureau of Education, Legislation and Statistics, and urge unceasing vigilance upon the members of the bureau. The only special instruction we think it necessary to give members of this bureau at this time is that of doing all possible to secure a requirement of a three course period of instruction in all medical colleges of the State.

"Concerning the action of the New York polyclinic in excluding physicians of old school to consult with us, 'we recommend to leave them alone with their glory.' When the President of the New York State Allopathic Society says that the best college in New York is homœopathic, we ought to be able to get along without the polyclinic; and we do not know who of us need or want consultation with allopaths. We think there has been on the part of some of our physicians most too much of a tendency to toady to a supposed allopathic superiority, which, on investigation, proved to be only allopathic arrogance."

This very vigorous report of the committee seemed to meet with the hearty indorsement of the meeting.

The President appointed the following Chairmen: Clinical Medicine, T. H. Hodson, M. D., Kansas City; Surgery, W. B. Morgan, M. D., St. Louis; Gynecology, W. John Harris, M. D., St. Louis; Obstetrics, W. B. Edmonds, M. D., St. Louis; Ophthalmology and Otology, S. C. Delap, M. D., Kansas City; Materia Medica, M. Egerton, M. D., Kansas City; Psychological Medicine, W. L. Jenny, M. D., Kansas City; Sanitary Science, H. J. Ravold, M. D., St. Joseph; Education and Legislation, H. W. Westover, M. D., St. Joseph; Pædology, J. C. Cummings, M. D., St. Louis; Chemistry, etc., C. J. Luyties, M. D., St. Louis.

Delegates to the American Institute are as follows: Drs. S. B. Parsons, J. A. Campbell, Moses T. Runnells and B. Champlin.

Professor Foulon of St. Louis, Dr. J. M. Christy and W. A. Forster were appointed a Committee on Legislation.

The attendance during the entire session was large, many important papers were read, and altogether, the meeting was one of the most satisfactory that Missouri ever held.

Anecdotal Homœopathy.

THE A B C OF HOMŒOPATHY.

A lady with a large family of small children employed a physician of the homœopathic school to prescribe for their various ailments. He was always very successful in curing them, but after awhile his services were no longer demanded. After several years the physician happened to meet the lady at a party and inquired if she no longer believed in homœopathy, as he had not been called in for such a long time. "I am more firmly convinced than ever of the excellence of homœopathy," she replied. "Then," said he, "I suppose you have some other doctor." "No, doctor," she replied, "I have still the greatest confidence in you." "Ah, then your children have had no illnesses?" "Oh yes, they have had their full share, but I manage to treat them quite well myself. I have one of those nice little boxes of homœopathic medicines arranged alphabetically —aconite, bryonia, chamomilla, etc. When any of my children get ill, I begin with A—*Aconite*—which generally stops the complaint; if not, I proceed to B—*Bryonia;* if that does no good, I go to C—*Chamomilla*, resolved, if that does not cure, to send for you. But as yet I have never had occasion to do so, for the worst cases have never held out against all three letters, so that I had no occasion for your services."

The money value of the perineum came very near being judicially determined by a Kansas City court. A physician of that place was sued for $11,000 damages because he allowed the perineum of the plaintiff to be ruptured and did not subsequently sew it up. The plaintiff withdrew the case.—*Medical Record.*

CORRESPONDENCE.

COMMUNICATION.

Brain Fag and Nervous Prostration.

To the Editor of The Medical Era:

Fish, together with the exercise that attends upon their catching, is the cure. I am serious in dead earnest, doctor, when I say to you that there are thousands and tens of thousands of citizens in Chicago (and out of Chicago) who will break down and die this summer if, aye, if, they do not relax and rest a little from the constant strain and endeavor to live and get rich. Wisconsin, that Switzerland of America, offers the charm and cheer necessary to recuperate nerve waste and restore strength to the weakened body.

It does more; it presents you with the fish, the finest fish on earth. They abound in its many lakes, they swim in water clear as crystal. You can see them fifty feet below the surface, their shadowy forms flitting about in the quiet depths of their lucid homes, like mirrored light from the shining stars, and yet they are real, substantial, fine grained, luscious, live fish.

These fish differ from the common gill-breathing tribes of other states, in this, that they are bred, born and brought up in Wisconsin lakes, whose waters are tinged with salicylate of iron just enough to give the fish fiber, the hardest, sweetest and healthiest tone and taste known to irriguous species.

It is these fish, in these lakes, in this State, that so occupy and absorb the attention of the piscatorial tourist. There are enough fish in Wisconsin to feed the world.

Fishermen and tourists, from almost every country on earth come here to spend the summer months in quest of health and pleasure; very few are disappointed.

The State is traversed by railroads in all directions, furnishing unequaled facilities for reaching the best fishing grounds. Notably among them all, the old and reliable Milwaukee & St. Paul touches more lakes and reveals finer scenery than any other road in the State. It runs everywhere, accommodates everybody, has the finest coaches and the best of train service.

This season of all others, there will be a tremendous rush to our watering places, now conceded to be the finest and most inviting and healthful of any in our country. Let me say to the overworked everywhere—rest a little before it is too late. Rest, and in so doing add new links to life's mystical chain.

Fish, for brain-fag—Wisconsin fish, catch, eat and live.

W. Danforth, M. D.

Milwaukee, April, 1891.

BOOK REVIEWS.

International Clinics. A Quarterly of Clinical Lectures on Medicine, etc., by Professors and Lecturers in the Leading Medical Colleges of the United States, Great Britain and Canada. Edited by J. M. Keating, M. D., April, 1891. Philadelphia: J. B. Lippincott Company, 1891.

The first volume of this new quarterly is at hand. In this day of the making of many books, it is hard to find a new field that is worth occupying. But we think the publishers of the "International Clinics" have—if we may be permitted the expression—"struck" it this time. The lectures are interesting, and many of them valuable. They serve to bring into relief points that, in the ordinary text-book, would not be so prominent. They are of the nature of object-lessons, and as such will serve their purpose. An ample index makes the book available for ready reference.

The Separate Board System.

The following resolutions were unanimously adopted at a meeting of the Eastern Ohio Homœopathic Medical Society, held at Massillon, April 15, 1891:

Whereas, The Eastern Ohio Homœopathic Medical Society, at this, its regular meeting, desires to express its appreciation of the efforts being made by the progressive men of the medical profession toward the securing of a high standard of medical excellence, therefore,

Resolved, That we heartily indorse all honorable means by which the worth and standing of the medical profession may be secured, and the best interests of the public subserved.

Resolved, That to the securing of this end we favor the adoption, by all the State Homœopathic Medical Societies of the Union, of a *system of license* as worthily supplementing the college diploma, thereby at the same time protecting the best interests of our medical colleges and those of the general public.

Resolved, That we favor a high standard of acquirements of the graduates of all schools of medicine, and believe this would be best secured through the *separate Examining Board* system, believing that by any other system of State examination (as any *one* general Examining Board), injury would be done the cause of homœopathy, an insult offered the American sense of justice and equal rights, and that such a plan would eventually prove subversive to even the best interests of the dominant school.

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OBITUARY.

ALFRED I. SAWYER, M. D., died suddenly of apoplexy, at his home in Monroe, Mich., May 7, 1891, in the sixty-fourth year of his age.

Highly esteemed for his many virtues, honored for his unselfish devotion to the cause of homœopathy, the loss that the profession has suffered is regretted and deplored by his many friends in Michigan, and the country at large.

At the time that Dr. Sawyer was elected president of the American Institute of Homœopathy, in the summer of 1889, although but recently recovered from a severe sickness which for some time threatened to be fatal, he was apparently in the prime of his powers as well as at the zenith of his honors. A great and influential school of medicine had placed him at their head. Little did they think that in less than two years he would be taken from life's activities.

Dr. Sawyer was born in Lyme, Ohio, October 31, 1828. In 1857 he began the practice of his profession in Monroe, Mich., where he lived to the time of his death. In 1869 he was elected mayor of Monroe, and was twice re-elected. He was an active Mason, and had had bestowed upon him almost every office in the gift of the Order. In 1889 he was elected president of the American Institute of Homœopathy.

Dr. Sawyer leaves a widow and a young daughter and son, to whom, on behalf of the profession, we extend our sincerest condolence.

AT the April meeting of the Rhode Island Homœopathic Society, it was unanimously voted that the American Institute of Homœopathy be invited to hold the session of 1892 within the boundaries of that State. It is understood, accidents excepted, that the particular place will be the Ocean House, Newport, and the time the fourth week in June.

THE INTERNATIONAL CONGRESS—FINAL NOTICE.

The Annual Circular of the American Institute of Homœopathy will have reached the profession before this notice appears in print. If any homœopathic physician has failed to receive a copy, the undersigned will mail one on application.

There is not a single indication pointing to a failure of the convention in any important respect. The fear that it might be International only in name has no longer any warrant in fact. There will be representatives present from England, France, Germany, Russia, and probably some other European countries, and of our distinguished trans-Atlantic brethren there will be at least twenty-five of them represented by essays or reports, or by their personal presence.

A casual examination of the list of papers and addresses to be presented will show that the convention is not likely to follow, altogether, the well-beaten track of the typical society meeting. In its effort to secure the discussion of broad and comprehensive questions and issues, the committee has not labored in vain. The profession has approved and supported the effort.

It is requested that the instructions for securing reduced rates on railroads shall be read with great care. Every direction necessary will be found there. Also that physicians not members of the Institute act promptly on the suggestions about uniting with that body. And also that each of those who attend shall, before leaving home, decide which of the essays he or she can discuss to the greatest advantage of the profession, and come *prepared* to do so.

PEMBERTON DUDLEY, M. D.,
Gen. Secretary A. I. H.

15TH AND MASTER STS.,
PHILADELPHIA, PA.

THE *Northwestern Journal of Homœopathy* for March contains an article by Dr. J. W. Hingston, in the course of which he refers to the time when "Dr. Allen was Professor of Materia Medica in the University of Michigan."

Dr. Hingston is in error. Dr. Allen (H. C.), never was *Professor* of Materia Medica in the University of Michigan. Dr. H., however, can scarcely be found fault with, for no one has more industriously tried to convey this false impression than has the subject of it himself, even going so far as to publish Dr. Hingston's statement in his own journal, with no attempt at correction.

If this thing continues, "somebody may have to apologize."

THEY SAY

That in Chicago money makes the mayor go.

That you should consider the doctor who is alive.

That a man who is sea-sick generally wants the earth.

That a landlord never overlooks the leased thing.

That antipyrine has been more fatal than the grippe.

That there are sixteen lepers in the State of Minnesota.

That it takes lots of argument to get a lie well established.

That the Illinois State Board of Health believes in reciprocity.

That a book without an index is like a man without a memory.

That picture frames often suffer from a terrible weight of gilt.

That there is a phlebotomy revival going on in allopathic ranks.

That the average man has ceased to carry his grip in his chest.

That hospitals have existed in India since the sixteenth century B. C.

That it is useless to try to get information from a letter that is not posted.

That the stubborn man is the one who will not listen to reason—your reason.

That a lie will go a long way, but the sender usually has to pay the freight.

That adversity is a jewel that we all admire when set in the other fellow's crown.

That it does not hurt very much to cut a swell, but sometimes it's fearfully expensive.

That eleven physicians have found a better "lymph" than Koch's. Who couldn't?

That it takes many years to make a saint, but sinners may be turned out by the gross.

That in China the ordinary obstetric fee is two dollars for a boy and one dollar for a girl.

That a reputation for truthfulness is quickly gained if you will always speak ill of yourself.

That a meerschaum mine has been discovered in Florida, and they have begun laying pipes to it.

That the rain falls on the just and the unjust alike, unless the just happens to have an umbrella.

That the self-made man is apt to flatter himself that he has a corner on the chef d'œuvre business.

That a barrel of sauer kraut exploded in Rhode Island and frightened every inhabitant of the state.

That a man should never carry a half-open umbrella in a crowd—he should either put up or shut up.

That next to tuberculosis and the professional politician, typhoid fever is the greatest scourge of mankind.

That when you begin to argue with a man, and he talks loud, you should give it up; you can't convince him.

That it is remarkable what unselfish interest a man displays in having his neighbor keep his back yard clean.

That the difference between modesty and bashfulness is that you are modest, while the other fellow is bashful.

That no one wastes so much time as the man who is always punctual—he wastes it in waiting for other people.

That you should never talk to a woman when she has discovered that a line of clean clothes has fallen into the mud.

That there is a doctor in Persia named Yusei Khan, and across the street from him another whose name is Eyseu Khant.

That photography in natural colors is among the possibilities, and the day may come when a man may see himself as others see him.

That nothing can make a man who is stepping into the pit believe that shaking hands with two fingers has a grain of religion in it.

That the man who feels himself to be "different from other men" should not brag about it; dime museum freaks are in the same fix.

That if you are told that you resemble some great man, keep still about it; if you open your mouth some one may discover the difference.

That a Philadelphia physician has received a legacy of $10,000 from one of his former patients; this is a habit that the profession should encourage.

That a homœopathic doctor named Short, living in Western New York, married a widow worth a hundred thousand dollars, and now he is short no longer.

That when a woman first falls in love you can't make her believe all men are alike; after she's been married awhile you can't make her believe they are not.

THE MEDICAL ERA

COMBINED WITH THE MEDICAL COUNSELOR. DEVOTED TO HOMŒOPATHY AND THE ALLIED SCIENCES

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CH. GATCHELL, M.D., EDITOR.

INTERNATIONAL HOMŒOPATHIC CONGRESS.

This issue of THE MEDICAL ERA contains a paper on "The Present Relations of Antiseptic Methods to Surgery," by DR. HORACE PACKARD of Boston, which was presented to the recent International Homœopathic Congress, at Atlantic City. We consider ourselves fortunate in being able to give DR. PACKARD'S paper to our readers, both on account of the commanding position which its author occupies in our profession, the intrinsic value of the paper itself, and because the doctrine is one of which the ERA has been an earnest advocate ever since sufficient evidence had accumulated to justify forming an opinion.

The readers of the ERA must understand that the exigencies of the occasion—by which we refer to the date in the month that the congress was held, the demands of the printer, and the prolonged absence of the EDITOR from his office—made it necessary to put this number of the ERA into type early in the month of June. In the August issue we shall give an account of the proceedings of the Atlantic City Congress that would, under the most favorable circumstances, be impossible to include in a copy of the journal which must reach the readers' hands so soon after adjournment.

WASHINGTON, D. C., was selected as the next place of meeting of the American Institute of Homœopathy. The National Capitol should be the scene of a large meeting.

KATABOLISM OF THE CODE.

Creeds, in the churches, show signs of disintegration. Several trials for heresy have recently attracted public attention.

Codes, in the medical profession, are showing similar signs of katabolism. But, as yet, no heretic has been tried.

Not far from this city was the scene of the drama. In the month of April the Medical Society ("regular") of the County of LaSalle met at Ottawa. The subject for discussion was the "Code of Ethics." DR. J. W. PETTIT had the floor. The readers of THE ERA will be interested to hear what DR. PETTIT had to say. His first statement was:

> "When any considerable number of a learned profession believe that the rules by which their relations to their colleagues and the public have hitherto been regulated have been injurious, it is clearly their right and duty to labor for their abolition."

DR. PETTIT then asked some very pointed questions. He wanted to know whether there was anything peculiar about the medical profession which removes its members from the obligations which rest upon society, or whether the principles of medical ethics could be made an exception to ethics in general. Receiving no reply to this question, he asked another: "Even granting," said he, "that there are certain elements of a complex nature that enter into the relations of physicians to each other, from what source shall the needed ethical laws emanate? We are free agents. We recognize no paternal interference. We wear no livery. We acknowledge no trades-union restrictions. The present 'code,'" he added, "is absurd, puerile and impractical."

These utterances were expected to arouse loud protests from his listeners, but no protest was offered.

Section by section the code was analyzed, and its provisions commented upon. When he came to Article IV, he said:

"This is the only one which has any binding force upon the profession, as it forbids consultation with irregulars. An irregular is defined to be one 'whose practice is based on an exclusive dogma to the exclusion of the aids furnished by anatomy, physiology, pathology and organic chemistry.' This article is aimed more especially at the homœopaths. Now, if I wished to quibble, I could consult with a homœopath and set up this very provision in my defense, as the same section sets forth that the sole object of a consultation is the good of the patient."

After coming to this very logical conclusion, he went further, and submitted for the consideration of the Society the fact that to-day homœopaths use a great many of the same textbooks that the "regulars" do, and they do not reject the "aids furnished by anatomy, physiology, pathology and organic chemistry."

Hence, this section of the code is without meaning or binding force.

Dr Pettit made another statement—one that has been made many times in the past—which has a grain of truth in it. He said:

"The code, in trying to stamp out the grotesque absurdity known as homœopathy, has signally failed. Instead of preventing the spread of the doctrine, the attitude of the regular profession has been regarded as unjust persecution, and has resulted in attracting undue attention to it, and enlisting the sympathy of many fair-minded people.

"The course pursued by the 'regulars' had been an aid rather than a hindrance to its progress. Homœopathy was the outgrowth of the heroic treatment of our fathers, who relied exclusively upon drugs for the cure of disease. A great change has taken place in the personnel of its practitioners. Its ranks are now filled with refined and polished gentlemen, in marked contrast with the body of ignorant men of forty years ago."

The "persecution" of which the doctor speaks has not, in some quarters, ceased, even to-day. But the doctor takes a wrong view of the matter if he means to intimate that the prosperity has been due to the "persecution." Without the intrinsic merit that homœopathy possesses, no amount of "persecution" could have lent it the triumph that it has certainly achieved.

The doctor pays a high compliment to the "refined and polished gentlemen" representing our profession in LaSalle county, and one which we know to be well deserved. We extend to them our congratulations.

But the reflection upon the homœopaths of forty years ago is not just. The homœopathic physicians of those days were the peers of their old school contemporaries, and vastly safer men at the bedside.

The doctor concluded by saying that while he recognized the "code" as being of value for reference, in his decision as to what his action should be in any given case, he would acknowledge responsibility to his conscience alone.

By "conscience" he meant *judgment.*

The spirit in which Dr. Pettit's arraignment of the "code" was received by the society would indicate that the members mentally said, "Them's our sentiments." There was but mild protest, from one member; there were no charges of treason, there was no trial for heresy.

The medical millennium is coming. It is still a long way off, but men like Dr. Pettit—men of courage and good sense—will hasten the day.

RECIPROCITY IN MEDICINE.

The Illinois State Board of Health is the first to apply the new and popular principle of reciprocity in matters medical. It has decided not to recognize foreign diplomas, unless the countries granting such diplomas to their holders recognize diplomas granted by Illinois colleges.

It is hard to find fault with this action. All principles of justice and self-protection would seem to favor it, and we admire the spirit of our State Board of Health in taking the first step in this direction. But this is only the beginning. It should not stop until it has compelled all the medical colleges in the State to adopt so high a standard, and furnish such superior instruction, that an Illinois diploma will be evidence that its possessor is as well qualified as any one who comes from abroad. This can be done, and it should be done.

Our sentiments are in favor of reciprocity, but we believe that it should be reciprocity on equal terms.

EPIDEMIC INFLUENZA.

The interviews with physicians which we publish in this issue may be taken as purely representative of the experience of the entire homœopathic profession of Chicago in the late epidemic. There are hundreds of others, no doubt, who would give a similar account. The main object has been to indicate the leading remedies employed, and also to demonstrate the fact that homœopathy has been entirely adequate to cope with the disease, without resort to empirical methods.

ORIGINAL ARTICLES.

THE PRESENT RELATION OF ANTISEPTIC METHODS TO SURGERY.

BY HORACE PACKARD, M. D.,
BOSTON.

[A paper read before the International Homœopathic Convention, Atlantic City, N. J., June 16-23, 1891].

DURING the past few months a spirited controversy has been in progress over antiseptic surgery, which has resulted in nothing as far as I can observe, except a condemnation of Lister, his doctrines and his methods, by a widely known English laparotomist; and on the other hand a corresponding strengthening of the faith in the Listerian principles on the part of those who are the most familiar with the practical side of surgery, together with a possible weakening of the already vacillating individuals who held no decided opinions before.

It is not my purpose to take up the discussion of *methods* in surgery, for each individual must be granted the right and privilege of resorting to such methods as his opinion, or his experience, teaches him will produce the best results. There is probably no profession, or specialty, in which individuality enters more largely as a factor in determining success or failure.

It is twenty-three years since Lister reduced the treatment of surgical wounds to a scientific basis. I wish to make myself understood at the outset, on the much discussed term "Listerism," and I am sure that just here is the stumbling block on which a few of our associates trip. Listerism is any method of wound treatment which seeks to exclude all micro-organisms during the operation and process of healing, or destroy them if already in the wound.

Listerism is based on this fact—once a theory—that suppuration in wounds is *produced* by the presence of micro-organisms.

The so-called Lister method, which has been modified by him from time to time, is but a means to an end. Many changes have been rung upon it by other surgeons, but always with the same end in view, and always guided by the principle stated above. Those who so strenuously condemn what they term "Listerism" follow, without exception, as far as I can observe and learn, the Listerian principle. They tell us that bacteria have no relation to suppuration in wounds and at the same time practice baking their instruments, burning alcohol in their basins and pans, draining their wounds, isolating their nurses (who may have) perchance, had a suppuration case to care for, sterilizing their dressings, washing away all blood clots and debris, carefully avoiding contact with contagious or suppurative diseases for a few days prior to an anticipated operation and excluding all visitors whose person or clothing has been exposed to pathological material.

This, to my mind, proves beyond any question whatever, that the scoffers of "Listerism" *do fear the evil consequences of the access of micro-organisms to wounds*; and in adopting the means above mentioned *do acknowledge the principles of "Listerism."*

I cannot better expose the illogical attitude of those who deride the Listerian principles than by the following quotations:

*"I go back to my yeast plant for my analogy and I say that that specific germ splits alcohol out of sugar, and leaves thus a constant, specific and permanent result. The poisonous effects of taking a mixture of yeast plant and alcohol are due to the alcohol and not to the yeast plant. Such bacilli as cause decomposition (and such as have specific properties) split out from the dead organic matter *some horrid things*, just as alcohol is split out—the smell of all decomposing matter proves this; and such fluids retain their smells even when filtered under pressure through wood impervious to even the minutest bacilli. This filtered fluid, under suitable circumstances, is fatal to animal life and causes local sloughing when hypodermically applied to man. There is clearly, therefore, some result of the action of ordinary decomposition which is produced like alcohol, and like it, poisonous in small doses, not deadly, but in large doses very deadly. Here is a possible explanation of one of the great clinical facts of the disease, and personal idiosyncracies of disease, as known to everybody, would immediately supply another. The yeast plant, by itself, is quite harmless, and in a solution of dextrine, or sugar, at a low temperature it will not produce alcohol.

"The ordinary bacilli of decomposition will not attack—at least will not produce, these ordinary phenomena in living tissue, but they do so in dead tissue. Inclose some dead tissues, with the necessary germs, the living tissues, and you get a disturbance very fairly proportional to the dose given. If the dose is small or the tissue not very favorable for decomposition, the constitutional disturbance is slight. Thus, a piece of dead beef as large as a walnut, introduced into the calf of a man's leg would speedily excite a tremendous disturbance, *but a piece the size of a millet seed would probably give no trouble.* An ivory peg thrust into a bone rarely gives trouble, and leaden bullets lie quietly even in the brain for years, without as much as indicating their presence. That is because though such tissue is dead, it is not prone to decomposition."

In criticising this paragraph, the first point which impresses the reader is, the evident evasion by the writer of what is now known as "ptomaines," and which he is pleased to call "some horrid things." We grant that these "horrid things" are, some of them, very poison-

* An Address on the Present Aspect of Antiseptic Surgery by Lawson Tait. British Medical Journal, September 27, 1890.

ous, but they are the product of the life, growth and death of bacteria; hence, to escape them, the bacteria must be excluded.

Again, in regard to the introduction of "dead tissue with the necessary germs" (which he says a little farther on are of so little consequence), how much dead tissue is introduced when the pathologist accidentally cuts, or pricks, his finger while making a *post mortem* examination, and in a few days dies from septicæmia? How many times have we treated the most extrusive and destructive phlegmon in the hands of butchers and fishmen which have arisen from a slight abrasion? Again, how much dead matter is introduced by the poisoned arrow head?

Would the writer be willing to have a piece of beef "the size of a millet seed" bearing the "necessary germs" of the *streptococcus erysipelatis* introduced beneath his skin?

"Under the term tissue I include, of course, blood clot and serum; such tissue when effused subcutaneously, may be either maintained in a really living condition, or may become dead. On this most important question we really have no knowledge; but we know this fact: *Whether living or dead, if protected from the access germs, they do not decompose.* The familiar example of the broad ligament hæmatocele proves this up to the hilt. Leave it alone and the chances are fifty to one that it will slowly disappear without giving trouble. Open it, or tap it,—that is, admit the ordinary germs of decomposition — and you will secure abundant suppuration without fail."

Is not this the quintessence of the Listerian principle?

"I have said that a part of my working hypothesis is that a dosage of the decomposing substance or of the poison resulting from the decomposition must have a great influence on the results. This, with our everyday clinical experience, amounts to a truism, but look how the Listerians regard it. With them one germ is as good as a thousand. This is not so with specific germs. One torula bulb will take an indefinite time to act on a large quantity of sugar, just as one Scotch fir would take an indefinite time to cover a mountain of seedlings."

There is a grain of truth in the teaching of this paragraph. The writer refers, at another place in this paper, to the natural ability of the tissue cells to combat and kill the germs of decomposition. Unquestionably, the few bacteria which he says he always puts in his wounds, impose a much less amount of work upon the tissue cells than if he "stuffed his patients' peritoneum with them like a pudding" and in so far as there are fewer germs, the less danger to the patient; but every surgeon must have noted an enormous difference in the resistant force against suppuration in different patients. It must hold good that the vitality or state of health, of the tissue cells themselves, determine how far pathogenic bacteria may encroach upon the body after introduction into a wound. A wound impairs the vitality of the immediately surrounding tissues; hence they do not possess the resistance to the encroachment of bacteria that they otherwise would. The fact that a minute quantity of microbic pus injected beneath the healthy skin is sometimes absorbed without resulting in serious trouble, while a larger amount causes severe suppuration and death, is no argument in favor of the innocuousness of the same when placed in an operation wound.

Suppose again that our patient's tissue cells, or phagocytes of Metschnehoff, are a little off in their appetite and leave the germs unmolested. What follows can best be observed by watching the enormous reproductive power of the ordinary bacteria of suppuration in a test tube. I have here a test tube of agar-agar which has been inoculated by merely touching the surface with the end of a platinum wire which had on it a few of the staphylococcus pyogenes albus from a suppurating wound. It has been kept at the temperature of the human body over night. The lesson is most convincing; the hundred or so bacteria have become millions.

This is no fancy sketch but just what experience shows is likely to occur if we permit pathogenic bacteria to enter our wounds.

Is it true, as stated in the quotation, that "an indefinite time is required for the germs of pathogenic bacteria to develop so as to menace life?" Let us see. If peritonitis occur after a laparotomy, it affects the general system sufficiently by the third day to produce elevation of temperature, vomiting and tympanitis; and by the end of one week, or perhaps sooner, death. In an ordinary wound, as for instance a breast amputation, if pathogenic germs be shut in at the time of the operation, we are likely to notice at the end of four to six days, elevation of temperature, pain and a baggy condition of the site of the wound. Upon opening we find an outpouring of pus astonishingly disproportionate to the "dosage" administered. How do facts of the life history of bacteria tally with those clinical facts? The following quotation may enlighten us.

*"Small as they are, bacteria are by no means insignificant. Like aphides and other small insect pests, they possess the power of multiplying with great rapidity, but they far exceed their most active competitors in this respect. Cohn has calculated that a species undergoing fission once an hour—which is not too high an estimate for some species—under favorable circumstances might count nearly seventeen million offspring at the end of twenty-four hours, while in about a week the number could be represented only by the use of fifty-one figures;

*Medical Register.

so that it is practically meaningless to the ordinary mind. But, to give some means of comparison he calculates the space that these microscopic beings would occupy if each were abouttwice the size of that which I have spoken of, and finds that in five days the progeny of a sint gle cell, if all survived and were equally prolific, would occupy nine hundred and twenty-eight million cubic miles, the volume of the ocean. Of course this reproduction is checked greatly by unfavorable conditions and by their enemies, but what wonder if the germs of putrefaction and disease are well nigh omnipresent?"

† I, for one, distinctly wish it understood that I adopt none of Lister's so-called antiseptic precautions, because I have no fear of germs and never had. 1 have been trying to get Lister to believe for years past, that all along he has been putting the cart before the horse, but he has never read my views. He tells us that we are anti-septicians because we are very particular to clean our sponges. But the Listerian doctrine used to be that a dip in a 5 per cent of carbolic acid would make any sponge safe. I always knew that it would not make them safe, for sponges are dead animal matter, most prone to rapid decomposition of the foulest kind imaginable. A damp sponge kept at a temperature of 100 degrees will be a mass of stinking putridity beyond all imagination in twelve hours. A sponge after twelve hours in the uterus is the most stinking thing I know,and the most deadly if there has been a wound in the uterus. Sponges are the perfect type of the tissue I dread—dead animal matter specially ready and apt to decompose." "Hamilton's beautiful experiments with sponge grafting, all of which I have followed with fair success, were the first light which came to me explaining why Lister was wrong. I knew Lister was wrong before that, but I did not know why; but Hamilton's conclusions clearly show it, and they li..ewise bring into correlation a number of facts which formerly were discordant and apparently contradictory; as, for instance, why we can leave a small fragment of sponge in the abdomen, as we often do, without harm; but if we leave a big bit the patient dies rapidly of suppurative peritonitis, no matter what Listerian precautions have been taken."

If the writer of this article, who so stoutly affirms that "he has no fear of germs and never had," really feels as he writes, why does he so carefully wash out the abdominal cavity, employ drainage, isolate his nurses who may have had the care of a suppurative case, etc?

All this care shows conclusively, if it shows anything, *that he does fear germs*; employs these means to keep them out of his wounds and to remove them promptly if they once get in. This suggests something which we should really like to know, i. e. in just what percentage of his cases does he have suppuration, either in the abdominal wound, or the so-called stitch-hole abscesses. He admits that he often has peritonitis which he nips in the bud by the free use of cathartics. His doctrine regarding sponges is really a curious bit of literature. A sponge is but the fibrous framework of an animal and in itself no more prone to decomposition than the fibers of a silken cord. The framework of the sponge in its living state is covered with a gelatinous substance called sarcode; and one stage of the process of preparation of the sponge for market is the putrefactive decomposition of this covering in order to separate it from its framework, the same as we, in our student days, resorted to a similar process to clean bones. This makes the sponge the most difficult thing in the world (bacteriologically) to cleanse, especially one which happens to be dense in its structure. *Experiments have shown that after the most thorough washing and disinfecting with carbolic acid while the peripheral portions are sterile, the central parts are still capable of setting up decomposition if putrescible fluids are supplied.

The secret of the whole matter in the trouble with sponges is that we do not, or cannot, make them bacteriologically clean, through and through. Hence, if one be accidentally left in the abdominal cavity, its first act is to absorb, to its fill, the lymph of the peritoneal cavity, or any serum which may exude from a wound resulting from an operation. The germs still in the central part of the sponge are thus furnished with the choicest pabulum on which to thrive, and in a short time the sponge is the center of a mass of fermentation which rapidly extends to the general peritoneal cavity, resulting in death.

Can anything be more puerile than the attempted explanation of this matter by the writer quoted. "A little piece of sponge is harmless because it is little," "a big piece of sponge is dangerous because it is big." Does this tally with the statement, "Keep the germs away from a pelvic hæmaticole and there will be no trouble"? A sponge left in the abdominal cavity causes trouble becauses it is unclean, not because it happens to be a "big sponge."

I wish to make a quotation from another article written in the same strain as the above; after which I shall consider that the obstacles to an unprejudiced survey of the field of antiseptic surgery are disposed of.

†"The surgeon of to-day, who, for any reason, undertakes serious operations without the use

†Address on Present Aspect of Antiseptic Surgery by Lawson Tait.

*Sponges, and their Use in Surgery, A. E. Maylard, M. D., Glasgow.

†Listerism, by James B. Bell, M. D, Boston.

of the so-called antiseptic method and procedure, takes upon himself a responsibility which may well make him pause. In favor of the practice in some form or other he sees arrayed the vast majority of surgeons of both schools and sees them undertaking the most formidable operations without fear, and with most remarkable success, and he sees, too, the whole field of operative surgery vastly enlarged and increased since the advent of Listerism.

"So great a result must proceed from some good and sufficient cause or causes, and to boldly reject the one apparent and universally trusted one, the source of this vast benefit to humanity, must require either a depth of depravity or else a clear vision of the causes and explanations of these grand results, and above all the latter discovery in order to justify such a rejection. I propose to show that this justifying vision is not so far to seek or so difficult to behold as we may imagine, and that the wonder is that more have not seen it before. The only explanation that I can give is that men are mostly like sheep, and follow the bell-wether and the biggest flock. *My own protection against this delusion was at first only one law of cure. I knew that if this were true, no bacteriology could disclose either the final cause or cure of disease*, whether of surgical or other origin. This was my chart and compass, and steering by that I kept far away from the rocks of antisepticism in every form, whether in the lying-in room, the surgical ward, or the sick room."

History repeats itself. In 1628 William Harvey published his great discovery of the circulation of the blood. At once Primrose, Reolan, Bartholimi and others advanced the most convincing arguments in opposition to it and it was sixty-eight years before these "doubting Thomases" held their peace. It is said that there is still a benighted clergyman somewhere in the Southern States who strongly maintains his belief that the "sun do move;" and the late Rollin R. Gregg, to the day of his death insisted that the micro-organisms which we know as bacilli tuberculosis were but bits of fibrine. So we may well expect that this great truth of Lister will be maligned and abused for a number of years to come.

"*My own protection against this delusion was at first only one law of cure. I knew if this were true no bacteriology could disclose either the final cause or the cure of disease, whether of surgical or other origin.*"

How, I would ask, in the name of science, can "*similia similibis curantur*" be the slightest aid to one in determining either the truth or falsity of the Listerian principle of wound treatment. One can easily read between the lines of the sentence quoted; it smacks strongly of the pernicious in all doctrine; not of Hahnemann, but of some of his would-be followers. Can we afford to ignore modern pathology? Because Hahnemann has given us the best system of therapeutics the world has ever known, shall we rest content and say nothing better can be discovered? It is quite safe to say that those who condemn the Listerian principles of wound treatment have never spent a single hour in the study of bacteriology and know practically nothing of the life history of the micrococci of suppuration. I quote again:

"*First*, The theories of Listerism are false.

"The essential theories of Listerism (and let it be clearly understood that by this term we mean always the use of poisonous agents in various forms to combat the influences of germs and bacteria) are two."

"a. That sepsis in all its forms is due solely to the access of germs or bacteria to the surface of wounds or cavities."

"b. That certain agents, chemicals, poisons called germicides, applied in certain ways, will render such contact harmless."

The esseential "theories of Listerism" are here mis-stated, in fact there are no "theories of Listerism" but, *First*—The well established and incontrovertible fact (the Listerian principles) that suppuration in wounds is always the result of the presence of bacteria, and

Second—The Listerian method, which has for its object the exclusion of bacteria or their germs from wounds during or subsequent to operation. This method may change, and has, even in the hands of Lister himself, but always has for its guide the "Listerian principle."

I use the term suppuration here because it is primarily what the Listerian method seeks to prevent. We know nothing in surgery of sepsis otherwise than accompanied by, or preceded by suppuration. Opposers of Listerism are wont to speak flippantly of operation in operative wounds and declare it is of no consequence and inevitable. I shall refer to this again, later.

I might continue these quotations, with criticism, indefinitely, but enough has already been said to show the erroneous current into which these opposers of Listerism have drifted. Further discussion between the two factions must be profitless, until an argument can be reached as to just what "Listerism" is. As long as the terms *Carbolic acid* and *Listerism* are used interchangeably, and as long as there are minds which can see no difference between the two, so long will confusion reign.

(TO BE CONTINUED.)

Mammary Abscess in the suckling woman comes from cracked nipples, and from cracked nipples alone.—*Dr. Wm. Goodell.*

REFLEX DISORDERS OF THE EYE, EAR AND NOSE.

BY D. A. McLACHLAN, M. D.
ANN ARBOR, MICH.

[Read before the Michigan State Homœopathic Medical Society, Grand Rapids, May 21, 1891.]

"'Tis not amiss ere you're given o'er,
To try one desperate medicine more:
For where your case can be no worse,
The desp'rat'st is the wiser course."

THE counsel contained in the above lines is very apt to apply to the condition of a patient when a specialist's advice is sought. In the vast majority of such cases it is a reflex condition that has baffled the skill of the general practitioner and made this last resort necessary. Hence, if there is any set of diseases that should engage the earnest attention of the general practitioner, it is that of reflex disorders.

The various conditions which form the subject of this paper, are matters of fact in the every-day life of the specialist, but the fact that they are either overlooked, or deemed unimportant by the average medical man, will, I trust, be sufficient excuse for presenting the subject to the society.

Among the many long strides which medicine has taken during the past decade or two, not one has led to more important discoveries, nor more brilliant results, than that of the study of reflex neuroses in all parts of the body.

For the production of a true reflex phenomenon, three things are essential (1) a *sensitive nerve fiber*, connected with (2) a *central nervous cell*, which in its turn is connected with (3) a *motor fiber*, supplying some motor organ. In other words, a local morbid condition in one part of the body creates an impression, this impression is conveyed to a nerve-center, from which a certain force is transmitted to an entirely different part of the body, in which it generates either a pathological lesion or a train of morbid symptoms. This has been clearly demonstrated on the one hand, by physiological experiment and on the other, by clinical experience, which has shown that when the primary cause of the impression is removed, the reflex lesion or symptom disappears also. An exception should be made to this latter statement, however, in the fact that, when a reflex pathological lesion has once become well established, it generally does not disappear at once, but slowly, and in many cases not at all.

Two groups of nervous affections are generally recognized, viz: *Functional* and *organic*. It is difficult, however, to define accurate boundaries between them, since they constantly touch and mingle. In the former no organic lesion is to be found; in the latter, distinct changes of structure are seen, which may account for the disturbances noted. It is well to bear in mind also, that functional disorders may become structural.

Reflex nervous diseases are due to two kinds of causes, viz: *Predisposing* and *exciting*. In most instances, the former is by far the most important, and at the same time most varied in character, and most bewildering to the physican. The exciting or immediate causes are also well-nigh innumerable. In themselves, they must necessarily be more or less temporary in their effects, and without the more permanent influence of the predisposition could never account for long-lasting or intermitting nervous diseases. Therefore, the nature of this predisposition becomes a subject of paramount interest to us.

It is generally termed a "neurotic tendency," and is regarded as a pecular general modification of the tissues of the organism. But why may not this neurotic tendency consist of a local irritation? And inasmuch as it is inherited, why may it not consist of some peculiarity of anatomical structure, or of physiological adaptations, which render the performance of the functions of certain parts irregular and difficult. I think the laws of heredity show that it is so; perhaps some of the most familiar instances of local predisposition are seen in the various anomalies of refraction, accommodation, and muscular adjustment of the eyes.

Family tendency is seen in the transmission of facial peculiarities, and oculists know how closely eye conditions may be inferred from the contour of the face. For instance, a broad, flat face is accompanied by a short or hyperopic eye; a narrow face with prominent features, by a long or myopic eye; an irregularity of the bones of the face, or a difference between the two sides, by an irregularly curved or astigmatic eye; "crooked eyes," by insufficiency of the eye muscles, etc. In them, we have examples of local anatomical peculiarities (predispositions) which render the performance of the functions of the eyes difficult or impossible, and which are thus the causes of all sorts of reflex nervous disorders.

Nervous diseases are said to be on the increase. I think it has been clearly shown that a vast number of diseases arising from disturbed or deficient innervation, whether of the sensory, motor, vaso-motor, or trophic nerves, are most prevalent in families showing the various kinds and degrees of refractive anomalies. May not much of this increase be due to the greater demands upon the eyes in our day, and to the eye-strain resulting from the anatomical and physiological defects so common to the eyes.

Many oculists incline to the opinion that considerable defects must exist, in order to cause serious reflex disorders. Hence it has been the custom to record only those cases

which show refractive error of 1D or more. Others, notably among them being Prof. St. John Roosa, who is certainly conservative in this direction, hold that errors of less than 1D should be included in the statistics of eye-reflexes, and they are undoubtedly right. A proper recognition of these lesser errors as causative influences would add much to our information upon the results of eye-strain. I have in mind the case of a young teacher, 22 years old, who had hypermetropia of only. 75D, and had suffered for years from headache and other neuroses, so that he was obliged to relinquish his occupation. He was relieved at once and completely, by wearing the correcting glasses, began teaching and study again, and now after a year and a half continues well.

Dr. Frothingham has recorded the case of a young woman who had been the subject of epilepsy for several years. A permanent cure resulted from correcting her hypermetropia which only amounted to 1.50D. Thousands of similar instances can be adduced to show that low degrees of refractive error are frequently quite as mischievous as are the higher ones.

Uterine, ovarian, and rectal reflex disorders have received the lion's share of the general practitioner's attention in the past. Although perhaps the study of eye and ear reflexes has been entered into by specialists with just as much enthusiasm and just as much success as have that of the others, the same amount of interest has not been excited among the general profession. Several things undoubtedly contributed to the greater interest in the former; diseases of the reproductive organs especially have always received the earnest attention of the laity as well as the medical profession, and when reflex conditions of the parts came to be recognized it was only natural that the greatest importance should attach to them. Their importance was enhanced also by the imminent danger to life attending many operations of this class, which profoundly impressed both the people and the profession. Again, the pain and disability attending these diseases made the subjects of them clamorous for relief, while equally disastrous disorders of the eye, ear, or nose, because of their insidious onset, slow progress, and painless character, were allowed to pass beyond hope of relief with no more than a passing notice.

This is especially true of ear and nose affections, which produce comparatively no pain or disability, but which so frequently sow the seed that later on ripens into fatal disease of the brain or lungs.

Physicians as well as patients generally look upon such cases as hopeless. Patients therefore resign themselves to their fate, and the disease goes unchecked until the mischief really becomes irreparable. "Catarrh" is the name given to all these affections, and how often we hear it said, "Catarrh cannot be cured in our climate."

A patient of mine, a prominent literary man, had appealed to several eminent specialists both East and West, for relief of deafness, but received little if any benefit from the treatment. The last of these said to him, "My dear fellow, just let it alone, and enjoy yourself as best you can. The simple fact is that within ten years, both you and I (he was deaf himself) will be going about with ear-trumpets." This was a candid opinion, doubtless, but was not at all consoling to the patient, and about a year ago he came to me. Two or three months' careful local and internal treatment, relieved his catarrh, and improved his hearing fifty per cent. Only a few days ago, a gentleman from the southwestern part of the State consulted me regarding his "catarrh." He had been troubled with obstruction of the nose, beginning eighteen years ago. Had spent several years in Kansas, Colorado and other Western States, hoping to get relief by the climate. I removed two large tumors from the left nostril, and a large and small one from the right, and his "catarrh" was relieved at once.

Such cases serve to show, that if the profession were sufficiently alive to the serious results arising from neglect of proper treatment, and sufficiently well informed as to the means of cure, humanity might be spared much of what is very prolonged, if not very intense suffering. In the first case just cited, the time for a perfect cure had gone by, although the patient was delighted with even the partial result, and has been indirectly a source of revenue to me since. In the light of recent events, there is not a doubt, that judicious and persistent treatment in the beginning would have cured the difficulty. In the second case, proper treatment years ago would have saved the patient trouble and expense in giving up his business and moving to distant parts, to say nothing of suffering, for before the growths were removed, they had attained an enormous size, completely filling the anterior and posterior nasal cavities, and seriously damaging the ears and eyes by extension of the catarrh, and by reflex irritation.

My desire to excite active interest in this direction will be better accomplished, however, by pointing out some of the numerous conditions which call for it, but this I can hope to do only very imperfectly in the limits of a brief paper. First let us notice eye-reflexes, which are generally best understood and recognized by the profession. Disorders due to reflex irritation from the eyes, are very numerous,

and only the more frequent and clearly-defined will be mentioned. They include headache, cephalalgia and migraine, mental troubles, insomnia, chorea, epilepsy, dyspepsia, rapid heart action, vertigo, nausea and vomiting, neuralgia, neurasthenia, spinal irritation, sneezing, etc.

In addition to these, various difficulties are produced about the eye itself, such as conjunctivitis, lachrymation, epiphora, blepharospasms, strabismus, ptosis, photophobia, etc.

I cannot forbear quoting some recent remarks made by Dr. Geo. M. Gould, of Philadelphia, whose authority is unquestioned upon this topic: "(1) in headache always suspect eye-strain, and especially in women between the age of puberty and middle age; (2) in functional gastric derangements, not readily explained otherwise, suspect eye-strain, especially if headache co-exist (3) in other functional derangements such as chorea, nervous heart, irritability of temper, hysteria, not yielding readily to treatment, suspect the possibility of ocular or other peripheral irritation; (4) the refraction of the eye should be tested after mydriasis, and the co-ordination of the external ocular muscles should be tested by a scientific authority in the case of every child before or at the age of puberty."

The following are some of the more important ear reflexes: Vertigo, nausea and vomiting, syncope, ear-cough, epilepsy, nystagmus, neuralgia, facial paralysis, pharyngeal spasms, etc.

I have under treatment at the present time a case of epilepsy, of six or eight years' standing, in a boy fifteen years of age. Suspecting peripheral irritation, the eyes, ears and nose were examined, with the result of finding the right ear full of impacted cerumen, moderate hypertrophy of both lower turbinated bones, and great bony enlargement of the posterior portion of the right middle turbinated. Removing the plug of cerumen from the ear promptly brought on a paroxysm, although it was done very gently with syringe and forceps. Sneezing, pain, twitching of the muscles of the face, and other signs of irritation are excited by touching the enlarged portions of the nose. He has had violent hay-fever annually for many years. He has been treated by both old and new school methods, and several years ago was circumcised by a prominent surgeon, all without any relief whatever.

Vertigo, nausea and vomiting, ear-cough, and syncope are everyday experiences in the practice of a specialist, and must be more or less familiar to the general practitioner.

Passing now to nasal reflexes, we find conditions that are well-nigh inseparable with those of the ear. The entire tract is in touch. Irritation at any point is reflected in local congestion at another. We find the subject of treatment well summed up by Goodwillie—"For the successful treatment of middle ear affections, all nasal and naso-pharyngeal disease must be removed." The eye too is intimately associated with the nose, and we will find very many eye affections, both structural and functional, due primarily to disorders of the nose.

The list of nasal reflex conditions is a large one. We will specify more particularly the circumstances attending them, for the reason that it is within the last few years only that any special study or attention has been given to them. It has been asserted in a general way (Mueller) that irritation of any *mucous membrane* of the body is the most frequent cause of reflex manifestations in the *respiratory system*, while irritation of the *cutaneous system*, is most likely to give rise to *general convulsions*. When we remember that the mucous lining of the nose contains the most intricate and sensitive nervous organization of any portion of the respiratory tract, we are not surprised that it is so frequently a source of reflex phenomena. Among the most frequent and important reflexes of the nose, is *asthma*. *Hay-fever* is now known to depend essentially upon a neurotic predisposition, and some abnormal condition of the nasal mucous membrane. *Hay-asthma* is in nearly all cases a nasal reflex. Of 80 cases of asthma treated by Bosworth, 40 were cured, 30 were benefited, and only 3 were without good results (5 unknown), from nasal treatment.

Paretic aphonia, and *laryngeal* spasm, have been cured by removing the middle turbinated which was hypertrophical, and pressed upon the septum. Among a vast number of cases recorded in recent literature upon this subject, are the following interesting cases: *Spasm* of *the œsophagus* and *dyspnœa*, when swallowing liquids, of fifteen years' standing, due to hypertrophy of the right turbinated. *Cephalalgia* with *dyspnœa* and *palpitation*, cured by reducing inferior turbinated hypertrophy, by chromic acid application. The same condition, lasting twenty-three months, cured by removing adenoid growths, with the galvano-cautery. *Chorea*, of eighteen months' duration, in a young girl, cured by removing adenoids and enlarged tonsils.

Epilepsy, cured by removing a shoe button from the nose. *Epilepsy* with *asthma*, cured by removing a septal spur, and cauterizing turbinated hypertrophy.

Supra-orbital neuralgia, very severe, coming on in the morning, and disappearing at night, cured by reducing enlargement of the turbinated bone.

Stammering, due to enlarged turbinated, adenoids, and chronic rhinitis, several cases cured by nasal treatment. *Neurasthenia*,

twenty-eight cases cured by removing nasal disorders.

Goitre, pulse 120, with murmur; removing enlargements of both turbinated bones, cured.

Morning nausea, cured by nasal treatment.

Vertigo, aural and gastric origin excluded, ceased after treating nasal disorder.

Exophthalmic goitre, cured by cauterizing inferior turbinated.

Conjunctivitis and *phlyctenular keratitis* which were relieved only after curing nasal difficulties.

Blepharospasm is a very common trouble due to nasal irritation, and is often cured by removing the primary cause.

Accommodative asthenopia, too, is frequently due to nasal catarrh, and can only be cured by treating the latter, as I have several times verified. Such cases may be differentiated by the absence of refractive error, conjunctivitis, or lachrymal disease. *Epiphora* from swelling of the anterior portion of the lower turbinated. There was lachrymation on touching the tumor. Cured by removing the enlarged turbinated. Another case was due to a nasal polyp, and disappeared on removing the tumor. Still another case with photophobia was relieved at once by applying cocaine to the nose. *Iritis*, two cases, due to suppuration of the nose.

Irritation and symptoms of *cyclitis*, supposed to be from an injury three years before. Enucleation had been decided on. The nasal mucous membrane was found to be much swollen, and a great amount of secretion was washed out, after which the eye symptoms were immediately relieved. *Glaucoma*, cured by trephining the antrum of Highmore, and evacuating pus. Another case reported by Lenox Browne, of London, not relieved by iridectomy, but cured by eradication of a nasal polyp. *Limitation of the visual field*, due to nasal diseases; four cases reported.

Burning and smarting, inability to fix vision, vascular conjunctivitis, with absence of important eye lesions. Gruening, of Philadelphia, has reported 150 such cases, in which the ordinary eye treatment had failed, but which quickly yielded to nasal treatment. *Optic-nerve atrophy.* Eight cases associated with chronic influenza on the same side, with no symptoms of neuritis or pain.

Berger reports a case of *amblyopia*, seeming like a thick fog, due to cauterizing the nasal mucous membrane. Schmidt-Rimpler records a case of *complete binocular blindness*, following removal of a nasal polyp. The ophthalmoscope showed discoloration near the right papilla, the vessels tortuous and full, and the left papilla swollen. There was stabile mydriasis, and no improvement followed.

I had intended to trace as far as possible the various paths over which these reflexes are transmitted, but my paper has already exceeded the bounds set for it, and I must defer that for a future occasion. If I have succeeded in calling attention to a region hitherto little explored by some, or in impressing others with the importance of these disorders, and of the wide field open for investigation and development, I shall have accomplished what I sought.

PULMONARY TUBERCULOSIS AND PULMONARY PHTHISIS.

By HENRY N. AVERY, A. M., M. D.

MINNEAPOLIS, MINN.

[Read before the International Homœopathic Congress, Atlantic City, New Jersey, June 16-23, 1891.]

IN making a classification of tuberculosis I shall confine myself to the localized affection of pulmonary tuberculosis, or primary deposit in lung tissue and its sequence—the breaking down and wasting of pulmonary phthisis.

The compounds of gold are numerous; the one that I wish to call attention to is the terchloride of gold and sodium.

Terchloride of gold is prepared by the aid of heat, one part of gold (British coin is the best) in three parts of nitro-hydrochloric acid, and evaporated, producing crystalline needles of an orange-red color, of a strong acid taste, soluble in water, alcohol and ether. It consists of one equivalent of gold, and three equivalents of chlorine. It is a very active preparation, resembling somewhat corrosive sublimate. It should be given in small quantities and with caution—say one-twentieth of a grain once or twice a day, although French physicians have given as high as ten-grain doses; but this heroic dose is not compatible with safety.

Chloride of gold and sodium prepared by dissolving eighty-five parts of chloride of gold to sixteen parts of chloride of sodium, evaporated and crystallized, produces large quadrangular prisms of a beautiful yellow color, soluble in water, and consists of one equivalent of chloride of gold and one equivalent of chloride of sodium and four parts of water.

This is the best preparation for pulmonary tuberculosis; the attenuations should be made by dissolution and kept in colored glass-stoppered vials. The most reliable preparation of gold, and also of Iodine, that I know of, is made by Professor Clark of the Detroit Medical College, especially for injections. This preparation of gold is somewhat milder than the chloride, although the dose is about the same.

In large doses it is a powerful irritant poison, in small doses stimulant, diuretic and alterative. It may be used in primary and secondary syphilis, scrofulous and herpetic affections,

scirrhous tumors and dropsy. It is an antisyphilitic of strong tendency. In large quantities will exert a suppressive effect on the kidneys. In very small doses one-thirtieth to onesixtieth of a grain will suppress the spasms of whooping cough.

Its action has an analogy to mercury. The local effects vary between irritation and causticity, internally developing a state of erethism, stimulating the male functions and in woman the menstrual flux. Through this febrile erethism, syphilitic poison is eliminated and the sluggish vital processes of scrofula are aroused; this action may go so far as to produce a destructive energy in the morbid process.

The pathogenetic effects may be carried still further, producing increased fullness and frequency of pulse, augment the urine and insensible perspiration without interfering with the appetite or the regular action of the bowels; but if the dose is carried too far, a general irritation is produced.

Inflammation seizes upon some organ, according to the predisposition of the individual, and fever is developed, with dryness of skin, and where the pre-disposition to tuberculosis exists in the individual, we may have chills, deep, labored breathing, oppressed breathing, great oppression in the chest, suffocation, inflammation of the thoracic viscera, palpitation of the heart, inflammation of the heart, feelings of heaviness and hardness of the heart, owing probably to an engorgement of the right side of the heart, and pneumonia. It will be seen that these pathogenetic effects are a good picture of tuberculosis. I hope the study of this drug may lead to further encouragement in the study of this disease.

Pulmonary tuberculosis may be divided into two forms: First, The inflammatory or catarrhal pneumonia; this may pass through the inflammatory stages and resolution take place, or it may retrogade, followed by caseation and pulmonary phthisis.

Second, the reticular form, where one or more tubercles have been formed and a new fibroid growth takes place, followed by degeneration and the formation of cavity as in the first stage. Now, the first stage has been cured in many instances, as post-mortems show; the second often. The object is to promote resolution, and the question arises whether any one drug will produce the result or shall it be accomplished by combatant means of clinical experience? Whether struma, bacilli or some chemical change in the lung-tissue produces this condition in the lungs, or whether the bacilli are the result of these changes, I shall not discuss at this time, but I shall simply draw attention to the use of the chloride of gold and sodium, or combined with iodide of manganese, hoping the suggestion may stimulate further research in this line of investigation.

My observation leads me to believe that Dr. Shurley is correct in suggesting the use of Iodine, C. P., in alternation with the gold. The question suggests itself, how shall this preparation of chloride of gold and sodium be used, and in what quantities? My own experience to date has been to alternate the chloride of gold and sodium with the Iodine.

It will be remembered that this form of gold is very active, therefore great care must be used in selecting the dose to be injected—one-half to one drop is suffibient to commence with, in either olive oil, glycerine or one per cent. solution carbolic acid, after the syringe has been sterilized with absolute alcohol. The injection may be repeated every two to five days, or every day, according to the condition of the patient. The preparations of chloride of sodium vary, and therefore the manufacturer should suggest the dose, after tolerance has been established; the dose may be increased and no injection should be given until the temperature has repeatedly been taken and is found, after several days' trial, to be favorable, and no dose repeated until reaction has passed. The injections may be repeated every two to five days. The re-sublimed iodine tincture may be reduced four drops to one dram of glycerine, and five minims used. Abscesses do not form, but in some instances, severe pains may follow, but all the resultant symptoms of the injections soon pass away, with hot water compresses and other remedial agents. For a week, once a day, and then the gold similarly, the Iodine seems to prolong the effects of the gold in the system.

My experience with attennated doses has not been sufficient to suggest any form, and for this reason I desire to call the attention of the medical profession to the drug, that they may suggest by experience their observations in this line.

With the use of hypodermic injections I have seen marked improvement in those patients who have been trying the treatment—increase of appetite, cessation of night-sweats, diminished cough, less expectoration, and a general feeling of improvement has taken place; and in two instances, where caseation had broken down, a greatly diminished area of cavernous breathing.

The experiments have been so recent that I am unable to give any detailed statement of the cases, but I hope that others may be led to give this drug a trial, believing that much good may be derived from its use, and if there was ever a drug homœopathically indicated for phthisis pulmonalis, I think this is the one. Some have suggested the inhalation of chlorine gas and spray of chloride of sodium in connection with the treatment, and from my own experience in uchs inhalations I think it may be advisable to use it.

A FEW NERVOUS REMEDIES.

By FRANK KRAFT, M. D.
CLEVELAND, OHIO.

[Read before the Homœopathic Medical Society of Ohio, 1891, at Findlay.]

I FIND it a matter of no inconsiderable difficulty to prepare a few words for the "Mental and Nervous Bureau." Since my appointment as chairman by our last President my circumstances and surroundings have changed so materially, and my work been cast almost wholly in so different a channel from that of mental and nervous diseases, that I am fain to beg off this time, were it not counter to my principle to fail of my promise, and on the presumed keeping whereof the ex-President committed the care of this bureau to my trust.

For subject I had intended to select some one phase of insanity—say that, for instance, following in the wake of unremitting mental application, study, in short, and discuss it in all its bearings, each member of the bureau taking a special feature thereof and elaborating it thoroughly, so that when the totality of the case had been presented, printed and published, it would be a paper of no mean merit. This plan of procedure, however, was negatived by the majority of the bureau, so that we fell back to the time-honored go-as-you-please plan, every man for himself and his worship taking the hindmost.

"A Few Nervous Remedies," in this instance, will mean three—though the Bible says a few means eight. Three are all I have to present and these will be but briefly handled.

The first of these is Picric acid. I am very fond of this remedy. A year ago I had never used it in any form; but since my coming to Cleveland I have found many occasions for its exhibition and satisfactory employment. It has worked wonders in neurasthenia—that peculiar form of nerve-breaking resultant upon over-use and abuse of the nervous system, very often predicated on the perversion of the sexual system, or, as Dr. Pratt, if present, would say, the sympathetic system which never sleeps, and the cerebro spinal system which sometimes grows tired of telling the bad part of one boy about the bad part of another boy, or something else very bad, and so on to the close of the chapter. The Picric acid patient is usually a man who has at one time of his life been over-robust in his sexual functions, and being thereto moved by abundant opportunity and inclination, has not spared himself. But presently, not necessarily in the fulness of time, for this may be an acute attack, he finds himself growing laggard in those various delicate offices, which he is anxious to attribute to advancing age, to close work under a hot gas jet, taxing application in the pulpit, on the rostrum, or at the bar—the legal bar, this time please; he believes that a little rest from some one or all of these will restore his wonted fire. But it does not. Brain-fag also begins to creep on apace his; mind does not move along with the clearness and snap of his former days; appetite freakish; bowels poorly—usually confined—and life begins to assume a jaded aspect. Hypophosphites and Phosphorus and Phosphoric acid help but little; Damiana wafers tend to spur him to a little transient interest in the opposite sex; but the pall of melancholy, with ultimate insanity, hangs over him like the sword of Damocles. Here is your place for Picric acid. It is truly a marvelous remedy in the brain-fag, resulting, as already said, from over-use, wrong use, and downright abuse of the nervous system, whether through debauchery, wine, women or frivolity; or excesses in the study, the counting room, or office. Think of it, especially for editors and reporters who are pushed to the utmost of nervous tension to get out "quick" copy night after night and until late in the morning. Think of it in the case of clergymen who sit much over their books and come into the pulpit with their marble faces and white hands. Think of it in the case of authors, male and female, who meet you with that tired look about the face, predominantly bloodless and white, whose grasp of the hand lacks warmth and force. In such cases put your patient on a protracted use of the 2x or 3x until you get good returns; stopping when you reach somewhere near the physiological effects mentioned in the books—results which I am free to say I have never yet succeeded in inducing, even with the crude. I know very well what is passing through your minds as a prominent and perhaps the only indication which you remember upon which to give Picric acid. No one who has ever even cursorily browsed in the luxurious mental leafiness of one of the artificers of indecent English will ever forget the lurid expressions used. When you have a patient with that horrible priapism you will think twice before you put him on the lower numbers of Picric acid. Here is your opportunity to use the dynamic effect; go high, and the higher the better. A young married man of Wichita, Kansas, found himself in a condition of satyriasis, and apparently unable to control his bestial instincts, try he ever so much. He happened to be one man out of ten thousand who recognized that his wife had rights which even her husband ought to respect. He went to a friend of mine there, a good homœopathic doctor, who put him on a diet of Picric acid in the higher numbers, and both, or all three, husband, wife, and doctor, were gratified at the result.

The change to Coca, my next remedy, is now made very easy. In a recent issue of the *Homœopathic World* of London is given a peculiar case, reported from India, where the sexual instinct in a woman of but 19 or 20 had become suddenly so frightfully perverted that unless diurnally and oftener and instantly gratified upon

solicitation she lapsed into a violent form of mania, during which she besought every male within speaking distance, being absolutely and utterly lost to all shame and decency. The report enters rather minutely into details concerning the frequency of communication, their effects upon the complying husband, and enlarges upon one or two domestic incidents, that would seem improper of detailment except that we remember that it comes from India. I cannot recall the Indian doctor's name who contributes the choice *morceau*,—but his treatment was very good on the presenting indications, though of little and certainly with no lasting effect upon the patient. The report nowhere states that a thorough examination was made of the genitalia, with the result of finding the os ossified, the uterus retro-or ante-verted, the uterine appendages excessively tender, a leucorrhœal discharge corroding and searing everything it contacted, a clitoris almost masculine in proportion, and that immediate removal of the sexual apparatus was recommended for fear of permanent insanity. This ignorant non-gynecological doctor of India had his mind directed to Coca—the Erythroxylon coca—and gave it in drop doses morning and evening. Perhaps the delight of this trio was not as great as the former trio when they found that the nymphomania or erotomania, or any other mania with a good mouth-filling word preceding, was giving way to the remedy, and ultimately the poor woman was restored to her right mind. And perhaps they were. The books are full of symptoms of Erythroxylon coca, and you have doubtless familiarized yourselves with them and are prepared to make use of the remedy; but if you have not, and care to make a quick, clear, and sharp distinction between Picric acid and Coca, just bear in mind that Picric acid usually applies to the male: that his condition urges him to relief of a horrible pain, not necessarily in wedlock, and that the relief is not accompanied by satiety: while the Coca patient may be of either sex, and covets and solicits actual contact and is temporarily relieved of the intense salacity. A second major distinction is that in Picric acid it is usually a chronic condition of affairs with consciousness; while in Coca it is apt to be an acute condition with an utter destruction temporarily, of all reason and consciousness.

Since reading this Coca case in the journal named, I have had two cases wherein I have used it with good results, one a male, the other a female—both masturbators; the male unmarried and terribly weak in the mind, unable to resist temptation, and unable to get away from it; the female married, childless, for four or five days following the close of each menstrual period almost a raving maniac because of this habit, marital relations not desired because non-effectual, and tolerated simply. Coca in drop doses has in both instances helped the cases so that reason again dominated, and other remedies and measures may now be recommended with some hope of their intelligent use.

My third and last remedy is Eucalyptus globulus, the blue-gum tree of Australia, which, as you all know, is used there and in equatorial countries to prevent the spread of malaria. That is to say, its presence in these localities is said to have the same effect in keeping off malaria that was in the olden time accredited to the sunflower of our country and especially in Kansas. In Mexico I saw many people wearing diamond-shaped patches cut out of a Eucalyptus leaf and pasted on the temples or forehead as a sure cure for headache, whether a nervous headache or one resulting from over-use of pulque, I did not inquire; others use it as an external application for liver and stomach troubles; likewise also of the kidneys. An excellent friend of mine, a specialist in catarrhal troubles, makes much use of the eucalyptol spray. How long he has done so I do not know: but I know that for two years past he has been almost totally unfitted to attend to his work because of an awful all-gone feeling at his stomach; his back is all "give-out;" he has congestive headaches until his face looks as if it had been boiled and afterward painted with an apoplectic hue; digestion difficult; wants to lie on his back with head raised and eyes closed; not sleepy. Is very nervous, and if he were not by nature a good-natured man he would be, under these headaches, exceedingly ill-natured. I am trying to convince him that the inhalation by him daily, hourly perhaps, of the vapor of Eucalyptol is making him an unwilling prover of it, and that he will never fully recover from the headaches and stomach troubles until he gives himself a rest, or devises some other homœopathic means of treating catarrh whether uterine or bronchial. Perhaps this is not a nervous remedy. But if it is not, what is it? This man is the very picture of health, and until he began to use this spray was but rarely ill. He is not taking Eucalytus glob. in drop doses, nor in any other tactile form by the mouth; and yet if we have any belief in the possibility of becoming arsenically poisoned from sleeping in a room with green wall-paper, or becoming lead-poisoned from living in a freshly painted house, how can we resist the natural inference that the Eucalyptus symptoms are the result of the inhalation of the Eucalyptus, and that removing the cause will alone help him? Why not give an antidote? Alas! I find nothing in the books but coffee, and of this beverage this gentleman had been a long and continued and hearty user, and it was to

this over-use he finally believed and ascribed his headaches, and so stopped the coffee: but the headaches continue. If this gentleman finds it impractical to give up his spray, seeing that, being built like the rest of us in the profession, he is anxious to lay by something for a rainy day besides the umbrella, what shall be done to, or be done for him?

THE USES AND ABUSES OF LOCAL TREATMENT IN DIPHTHERIA.

By S. R. GEISER, M. D.,
CINCINNATI, OHIO.

[Read before the Homœopathic Medical Society of Ohio, Findlay, Ohio, May, 1891].

THERE has been great uncertainty of opinion as to the local treatment of the throat affection in diphtheria; and although it has been one of the most common maladies in Europe and America for the past thirty years, physicians differ greatly in reference to the proper mode of treatment. One physician recommends with confidence a medicine of which another speaks disparagingly.

From its inception to the present time the treatment of this disorder has been mainly directed to the throat affection, and—perhaps over-anxious to get rid of the exudation in the throat—the physician lost sight of the fact that the exudation in the throat was only *a* symptom, just as the nature of the cough, pain, or the character of the sputum were only one symptom of Pneumonia.

Butonnian recommended that the diseased surface should be brushed over every day with strong hydrochloric acid. Jenner, in 1861, expressed the opinion that this powerfully corrosive agent, if once efficiently applied, would frequently stay the spread of the inflammation; but advised that it should not be repeated. It seems, from that time to the present, the idea has prevailed, and does yet to a limited extent, that if a remedy powerful enough to destroy the local manifestation of the disorder could be found, the disease would lose its terror.

Much valuable time has been wasted in discussing the question whether or not diphtheria is primarily a constitutional or a local malady. The frequent failure of favorable terminations by harsh and severe measures applied to the throat, wherewith to destroy the membrane, has brought many a physician to his senses and caused him to doubt the possibility of its being entirely a local affection.

The germ theory, according to which diphtheria is produced by micro-organisms, is now pretty generally accepted. Whether or not these micro-organisms are primarily lodged upon the throat and subsequently cause constitutional symptoms, or whether they are received into the system through the intestinal or respiratory tracts, and the throat affection being only a local manifestation of a constitutional trouble, seems yet to be an open question by many who have made this disease a study. Granted, that the disease is caused by germs, or micro-organisms; or, in other words, let it be admitted that these germs are the existing cause, nevertheless there must be something beyond, predisposing to the disease. The various microbes that are said to produce disease are perhaps oftener distributed in and about the healthy human organism than is generally supposed. It depends upon the disposition of the human body whether or not to allow these microbes to become agents of disturbance—putrefaction.

So long as the human organism obeys nature's laws, or so long as the functions of the human body are normal, it cannot be disturbed by these agents; hence there must be a predisposition, or a constitutional tendency at the outset inviting the disease.

Again, one series of microbes or diphtheria-producing germs, are not likely to possess more virulence than are others; nor are they more likely to be more potent at one time than at another, hence the constitution, or soil, seemingly has some relation to the degree of severity in different cases.

We may then conclude that diphtheria is *primarily* as well as *secondarily* a constitutional disease and only aggravated by the re-absorption of the products of its local manifestation. If that be true, of what use then are local applications? The local applications most generally used are in the form of gargles or sprays. Where the exudation is confined to the tonsils some benefit may come from these measures. Unfortunately they are not always alone the seat of the disorder. The pharynx, posterior nares, and nostrils are not infrequently also affected by the exudation, when gargles are of little or no benefit, particularly if there is much œdema in the throat. If, then, local applications are to be of benefit, they must be brought in direct contact with the exudation, whenever that may be.

Nearly all observers are now agreed, however, that the membranes should never be forcibly removed. All that could be gained by a forcible removal would be a raw surface, with channels for fresh exudation and new infection.

When the child will not co-operate, its general constitution is aggravated by forcible measures used in making local applications. On account of the great depression of the nervous system in this disease, *rest* and an *undisturbed* condition of the patient are essential.

Since the mortality rate of diphtheria is large

under all and every kinds of treatment, and on the other hand cases recover under similar circumstances, it is very difficult to know to what extent they are really benefited by medication, local and otherwise.

So far as the local management of the disease is concerned, homœopathic physicians hold extremely opposite views. One class of physicians contends that absolutely nothing is gained by local measures; to the contrary, are injurious and interfere with the homœopathic remedy. The other class advocates local treatment, some of which is as crude and severe as any employed by allopathic physicians. A prominent homœopathic surgeon has recently recommended the local application of pure carbolic acid to the throat in the early stage, holding that the disease is primarily local and subsequently becomes systemic.

He swabs and swabs the membrane in the early stage with pure carbolic acid until every trace of it is removed. While this method may have been successful in his hands, there are no doubt cases that will resist this method.

Goodhart contends that diphtheria is in great part a local disease, and is to be treated in great part by local measures, and that whatever may be thought of the nature of the disease, *that* treatment will, in the long run, be the most successful. The plan that seems to him best to adopt is to detach and remove any membrane that can be reached, and then to apply an antiseptic.

In the management of diphtheria, or, in fact, in the management of any disease, the physician should not consider what method, or which school of practice has the most science, but what method will offer the best possible results.

In these days it seems to be too much a knowledge of "bugology" by allopathic physicians, and an effort to make the microbe play a causative part in all diseases. Unfortunately the homœopathic physician is a little too anxious to be "in the fashion." If to be "in the fashion" is to be on the side of right and truth, then we will and ought to be willing to follow, otherwise not. This is a question that cannot be settled to-day; more time and experience will be necessary for that. Our homœopathic teachers tell us, "Treat the patient, not the disease," a dictum that many homœopathic physicians, as well as our allopathic friends, would do well to heed, yet not always an easy matter to accomplish, particularly in the management of diphtheria. For several years past, I have been treating one series of cases with the indicated homœopathic remedy, with no local measures, except cleansing the parts with a solution of the remedy taken internally; and another series of cases, in conjunction with the homœopathic remedy, some antiseptic to the exudation. With the results obtained so far, I have been led to believe that active local measures are not of so much importance as those who use them extensively, and almost exclusively, perhaps think; nor are they so useless, or even injurious, as extremists on the other hand believe them to be. Also, that when much local medication is used the results from homœopathic remedies are almost equal to nothing, at least very uncertain. To sum up then, we may conclude (1) that if diphtheria is primarily a *local* disease, *local* treatment is of most benefit at the outset of the disease. (2) That in order to be of use the application must be made direct to the exudation. (3) That when the disease is fully established, and has become systemic, all the possible good that can accrue from local measures, is due to cleansing the parts and rendering the adjacent surrounding mucus membrane *aseptic*, thereby perhaps preventing the spreading of the exudation. (4) That any and every remedy that has a tendency to *dissolve* the membrane, or so-called "solvents," are not only *useless*, but injurious.

THE EXPERIENCE OF SOME CHICAGO PHYSICIANS IN THE RECENT EPIDEMIC.

A REPORTER for the ERA interviewed several of Chicago's prominent homœopathic physicians in regard to their experience in the epidemic of influenza that visited the city last winter and spring. The first one visited was Dr. Chas. Adams, who was asked:

"What has been your experience with the influenza?"

"I can't tell how many cases I have treated," replied Dr. Adams; "last winter I worked from morning till night. I saw some days sixty to seventy cases. For a few days in March I saw from ninety to one hundred cases each day. At one time I had eight cases of patients who were over seventy years of age—from seventy to eighty-seven—and all very severely ill. Every one of these patients had bronchial affections, but they all recovered. I have not signed a death certificate for the influenza, nor has any one signed for me."

"Will you give me briefly an outline of the treatment that you pursued?"

"I simply kept my patients absolutely quiet and sustained their strength, besides giving the indicated remedy. At least nine out of ten of my prescriptions were strictly homeopathic. Gelsemium and Eupatorium were generally indicated at the onset. Altogether, I think the patients who took Bryonia, Gelsemium, Eupatorium and Belladonna got along the best.

"I don't think the allopaths had any advantage over us, except that they were able with

Antipyrine and Phenacetine to relieve the head pains a little more quickly. However, I believe that antipyrine, antifebrine, phenacetine and salol killed more patients than the influenza did. These, with quinine, were the principal remedies of the old school. Antipyrin has been little used this year as compared with last year."

"Do you think 'la grippe' will prevail next year?"

"Can't tell about it. Last year's epidemic was imported. This year it began in the West and traveled East, contrary to its usual habit. It only reached a high mortality in London the first of May, or thereabout. They suffered from it seriously in New York some time after we did here, if I recollect aright. The heaviest work here was in March. By the way, *influenza* is the proper name for it—Epidemic influenza. Under this title it is described in the English text-books. The French name, '*la grippe*,' has no significance, and there is no reason why it should be adopted."

The next physician interviewed was Dr. J. S. Mitchell, who, in reply to the first question, said:

"I have treated many cases, yet in two years of 'grippe' I have lost but three patients. One patient was seventy-two years of age and I saw him but once, the evening before death. One was ninety-two years old and had been dying of old age several months. She succumbed at the first onset of catarrhal symptoms. The third case was eighty-two years old and died of heart failure after the influenza symptoms had disappeared."

"Will you tell me about your treatment, Doctor?"

"For the severe neuralgic pains in head and back, Gelsemium and Rhus have been nearly specific; Podophyllum and Arsenicum for bowel disturbances. Belladonna was sometimes indicated. For respiratory affections, Hepar sulph., Antimonium tartaricum, and Kali carb. have done the best for me."

"Have you found it necessary to resort to other than homœopathic methods?"

"Never; not once! One thing should be impressed upon the profession, that is that the 'grippe' should be termed, *epidemic catarrhal fever*. '*La grippe*' is neither euphonious nor significant."

"Do you think we will have an epidemic of it next year?"

"No, I do not. There is only one other instance on record where it occurred in two successive years, and that was in 1832 and '33. So there has been a precedent for its re-occurrence this year. One point to be noted, which would indicate a waning in virulence, is that it occurred later this year than last. The severest cases this year were in March; last year they occurred in January, but it was more prevalent, more general this year. It has exactly this year the characteristics of the epidemic of 1847, and may be compared with it, the simpler forms of the disease occurring first; respiratory complications most severe during the height of the epidemic, and digestive symptoms appearing toward its end."

The next physician visited was Dr. J. R. Kippax, who was asked the leading question.

"I have signed but one death-certificate for influenza, the case being that of an elderly lady with dilated heart. Patients who staid in the house got well, as a rule, without delay, and with but little suffering."

"Tell me about the remedies used."

"Arsenicum, Bryonia, Eupatorium, Rhus, and Gelsemium were the leading remedies."

"Did you find it necessary to resort to other than strictly homœopathic measures?"

"Not at all."

"Do you think the epidemic will appear next year?"

"I do not. History leads us to look for influenza epidemics at irregular intervals. Probably the mild winter and malarial influences had something to do with its re-appearance this year."

Dr. Henry Sherry was next called upon. He said:

"I haven't lost a case. I saw from seventy to eighty cases a day for six weeks. I used Aconite, Gelsemium, Eupatorium, and Sodium salicylate, mostly. I had to give Morphine occasionally to relieve the severe neuralgic pains in the back."

The reporter next interviewed Dr. J. W. Streeter, who said:

"Owing to my own ill-health, I saw comparatively few cases this year. Dr. Low, my assistant, had many cases, and, I believe, lost none. During ten days in March that I was home I saw between ninety and a hundred cases each day. Many were severe cases, but all recovered without untoward symptoms. The chief remedies that I used were Aconite, Arsenicum, Bryonia, Chin. ars., Belladonna, Rhus, and Merc. sol."

"Do you think there will be any recurrence of the epidemic?"

"No; I do not think it will recur next year. The original type struck the Spanish peninsula sixty years ago, and then was unknown for a long period. There has never been a more severe epidemic than the recent one. Like every other epidemic disease it has its wave of travel; may pass over and then not recur for twenty or thirty years."

AURUM MURIATICUM IN INSOMNIA.

BY CLIFFORD MITCHELL, M. D.
CHICAGO.

THE remedy of the day is unquestionably *aurum muriaticum*. Its virtues have been known to homœopaths for years, but of late interest in the drug has extended to all quarters.

I have for several years used it as a remedy for the excessive nocturnal urination seen in certain cases of Bright's disease. Lately, however, I have had most flattering results from use of it in a most distressing case of *sacral neuralgia, insomnia and depression of spirits* consequent thereupon.

The night urine was considerably in excess of the day, and inasmuch as the nocturnal urination was very annoying I prescribed the *aurum* for this symptom. To the great delight of everybody concerned, it not only relieved the urinary symptoms in two weeks, but all the others as well. This case would appear to be a cure, so far as it is possible to judge. I notice that Robison now extols the virtues of aurum muriaticum in diabetes, and I shall certainly try it in such cases as exhibit marked tendency to noctural urination. The key-note is *night urine in excess of day urine*, not temporarily but as a rule.

70 STATE STREET.

Cured, but Not Converted.

A lady who had been suffering for several months from severe diarrhœa for which she had been treated by several eminent and titled physicians, was persuaded to try homœopathy. She sent for a practitioner of this system who was recommended to her. He, after careful examination, took a bottle of veratrum from his pocket case, put a few drops of it into a tumblerful of water, and told the lady to take a dessert spoonful of the mixture every three hours. He was not asked to call again, but after several weeks he met one of the lady's daughters and inquired after the health of his patient. "Oh," she said, "mamma is quite well; after taking a couple of doses of the medicine you left she never had any more diarrhœa." "Then," said the gratified doctor, "I suppose she is now a convert to homœopathy?" "No, indeed, quite the contrary; she never ceases denouncing it to her friends. She insists that it must be Satanic agency, or a few spoonfuls of tasteless water could not have cured a complaint of three months' duration, which had been treated in vain by the first physicians in London."

DR. KING, physician-in-ordinary to a distinguished statesman of China, is an American woman. She has an extensive practice in Shanghai, and her surgical operations have attracted wide attention.

SELECTIONS.

NEURASTHENIA.

BY CHARLES A. DANA, M.D.

DEFINITION.

Neurasthenia is a morbid condition of the nervous system whose underlying characteristics are excessive irritability and weakness.

SYMPTOMS.

In the neurasthenic condition there are certain common symptoms which will be found in all cases, but these symptoms vary in prominence, according to the special setting of the case. The modifying elements are these: (1) age, (2) sex, and (3) neuropathic constitution.

I shall first describe the general symptoms, and then state the modifications in them produced by the factors above mentioned.

Mental.—The neurasthenic patient suffers from a peculiar feeling of *nervousness*, discomfort, uneasiness and sense of unrest; or from feelings of tension, as though under a stimulant. He loses interest in his work, *dreads to undertake any responsibility*, has morbid fears regarding his business, his sexual functions, his general health, his future, or some trivial subject. Some idea fixes itself upon him, and he cannot rid himself of it. He has difficulty in concentrating his mind on work. Periods of depression attack him. These mental states vary much, and may be so paroxysmal as to form "crises."

His sleep is poor, disturbed by dreams, *and he awakes unrefreshed;* sometimes there is a morbid somnolence. Slight attacks of vertigo annoy him.

The sensory symptoms are:

Sensory.—Feeling of pressure on the top of the head, as of a hand or cap pressing on the scalp (*the helmet symptom*); pain or weariness in the back of the neck; *numbness of the hands* or feet, creeping sensation up the back or limbs, burning feelings in the ears, pricking of the tongue, a sense of oppression of the chest and of "sinking" in the epigastrium. These form what are termed *neurastic paræsthesiæ.*

Pains and Neuralgias.—Neurasthenics in about half the cases suffer from headaches. These are diffuse, the frontal or occipital. The pain is persistent, worse after exertion, and not very intense. A boring occipital pain, *neckache and neck weariness*, are very common, and women often have severe pains along the spine. Intercostal neuralgia, especially on the left side, is common.

General neuralgia, aching of all the limbs, feeling of soreness of the scalp or of the muscles, as though one had been beaten, are often complained of.

Special Senses.—These are not much involved, if we except vision.

Vision.—Neurasthenia does not, as a rule, cause very serious visual troubles. There is always some weakness and increased irritability of eyesight. If the patient uses the eyes much, these symptoms may become very marked. There is a feeling of pressure and discomfort or pain in the eyeballs. Headache comes on. Vision gets blurred; there are spots before the eyes. Excessive light is annoying, and moderate light dazzles. Reading soon tires and causes pain. The lids twitch. The eyes easily redden, and water. Examination shows in early life a mobile and often dilated pupil; they are rarely uneven; there is a slight lessening of visual acuity. The visual field is normal, but sensation in its periphery tires very easily, so that after long testing there is apparently a concentric limitation of the field. The color sense is unaffected. Muscular insufficiencies, especially of the internal recti, often occur. The patient's visual memories are lessened, so that the neurasthenic cannot remember faces and places as he has been accustomed to do.

Neurasthenics bear visual irritation badly, and if the patient has any refractive error, especially hypermetropia or astigmatism, his eye symptoms are more marked, and cause him so much annoyance that the general symptoms get worse. The eye trouble may thus keep up the neurasthenia, but it will not alone cause it, and treatment of the general and local symptoms by attention to the eyes alone is irrational and disappointing.

Hearing.—Neurasthenics are often over-sensitive to noise. This is usually simply due to the general mental irritability; but sometimes there is a distinct hyperacusi, and slight noises, or even agreeable music, drive the patient nearly wild.

Taste.—Alterations in taste occur in cases complicated with digestive troubles.

Smell.—There are no peculiarities regarding the sense of smell, other than a general oversensitiveness to odors.

Motor and Muscular System.—The general muscular strength is lessened, and the patient very soon tires, or often completely collapses, after slight exertion. Muscular effort or mental excitement *causes a tremor of the hands:* often this is a persistent symptom. This tremor is "fine" in character (about 12 to the second). The skin reflexes and tendon reflexes are exaggerated. There is a slight amount of "static ataxia," *i. e.*, the patient sways more when standing erect with closed eyes than when his eyes are open, the reverse being the case in healthy people. The eyelids quiver when tightly shut. The general nutrition is not usually much affected; if anything, the patient loses weight.

Vaso-Motor.—There is decided evidence of loss of vaso-motor tone. This is shown in the *cold hands and feet*, tendency to hyperidrosis of the palms and soles, flutterings and pallor of the face, sense of fullness of the head, variations in the specific gravity and amount of the urine. Palpitations of the heart easily occur, and examination of the pulse shows it to have *frequent and rapid variations in tension*, there being generally abnormal lowering of arterial tension.

The vaso-motor reaction produced by drawing a blunt instrument over the skin is more pronounced than in healthy people. A deep red line appears after pressure, which lasts twenty or thirty minutes. In very rare cases an artificial urticaria can be produced. The phenomenon is called "dermography."

Sexual.—The sexual functions are weakened and irritable, and intercourse is imperfect and exhausting. In the younger and more neuropathic cases emissions occur, and morbid fears regarding this function annoy and depress the patient.

These fears and introspections occupy the mind and furnish to the patient the belief that all his troubles hinge upon his early indiscretions or his present rather frequent emissions. Sometimes there is, in fact, such an extreme degree of seminal loss as to keep up the neurasthenic state. The genitals become relaxed, there is a slight discharge of urethral and prostatic secretion, especially after stools. In women there is often dysmenorrhœa, menorrhagia, and slight irregularities in menstruation.

Digestion.—The digestive organs, including the metabolic tissues of the liver, are almost always at fault.

There are a great many nervous affections of the stomach, such as nervous anorexia, nervous vomiting, nervous gastroses, in which there are crises of vomiting of an intensely acid fluid, nervous hypersecretion with motor weakness, gastralgia.

These local disorders may be associated with neurasthenia or hysteria, but they are not the regular accompaniments of this condition. The gastric symptoms of neurasthenia are those which result from the action of the ordinary or somewhat impaired digestive processes upon over-irritable gastric nerves, or upon a general over-irritable and weak nervous system.

In gastric neurasthenia there may be no great amount of disturbance of the secretion or motion, though some degree of catarrh or hypersecretion or muscular atony is often present. But the neurasthenic does not tolerate digestive disorders that would not much affect the healthy.

The special gastric symptoms in neurasthenia are a sense of congestion and fullness in the head, dizziness, headache, palpitation, and ab-

dominal pulsation; belching, feeling of pressure and fullness in the epigastrium, nausea, pyrosis, anorexia, and alterations of taste.

The *hepatic functions* are weakened and slowed down; and a *neurasthenic liver* is one of the most common and fundamental conditions of the neurasthenic state. This produces intestinal dyspepsia, fermentation and constipation. The blood absorbs an excess of ptomaïnes and imperfectly oxidized products, causing many of the general nervous symptoms already described, such as the paræsthesia, dizziness, somnolence, and head pressure. This condition is called "*lithæmia*," or nervous gout. It is not so much a distinct diathesis like the gouty or rheumatic, as it is a morbid condition of under-oxidation.

The *intestinal movements* are sluggish, and the patient suffers from flatulence and feelings of distension. Sometimes there is a nervous diarrhœa alternating with constipation.

Enteroptosis and Neurasthenia.—A form of neurasthenia has been described under the head of enteroptosis, or prolapse of the abdominal viscera. This occurs in women who have lax abdominal walls, with some descent of the stomach and intestines, and stretching of the suspending ligaments and mesentery. In these cases there is usually some dilatation of the stomach, atony of the intestinal walls, and consequent symptoms of indigestion.

Heart.—Sometimes the striking symptom in a neurasthenic patient is the disturbance in the heart's action. This shows itself in feebleness of the heart beat and heart sounds, and smallness of the pulse. Palpitation occurs on slight exertion, and sometimes there are pseudo-anginal attacks, or sensations of oppression and discomfort over the heart. The patient also complains of feeling the beating of the heart, perhaps all over the body. The pulse may be very slow, especially in the morning. The patient has the general neurasthenic symptoms. Neurasthenic patients with heart disease are liable to be especially annoyed by various evidences of heart weakness and irregular action.

Urine.—The urine in the young and neuropathic cases is *variable in specific gravity*, but generally low, 1.012—1.018; under excitement it may drop to 1.002.

Phosphates, earthy and alkaline, are excreted in excess, while the nitrogenous solids are often inadequate in amount.

In older cases, with more digestive and hepatic disturbance and lithæmia, the urine is heavy, 1.024—1.036, quite acid, and contains at times excess of phosphates and urates. Oxalates are also found, but indicate no more than does excess of urates—*i. e.*, a lithæmic state.

The amount of urine passed is variable. At times there is polyuria, but on the whole the total amount is below normal.

Respiration.—The respirations are normal in number, but shallow, and *deficient respiratory expansion* may be noted. A feeling of pressure on the chest is often described.

Blood.—The younger patients and women are generally anæmic, but in the middle-aged adults this is not so; the face is full and ruddy, and the mucous membranes of good color.

THE MODIFIED TYPES OF NEURASTHENIA.

Neurasthenia in Adolescence.—When neurasthenia begins under the age of twenty-five, there is a more distinct evidence of neuropathic constitution and neuropathic inheritance. The mental symptoms are more marked, and approach those of hypochondriasis. There is greater depression, and greater introspection. Morbid sexual ideas, fear of impotence, remorse over past indiscretions in venery; spermatophobia; morbid fears of contamination, of being forever incapacitated for procreation or sound mental or physical work; agoraphobia (fear of open places); claustophobia (fear of closed places); mysophobia (fear of contamination); pathophobia (fear of disease); anthropophobia (fear of society); abortive forms of *folie du duote*, or the doubtness-madness, are present in this type.

The general nutrition of the patient is more affected. He is anæmic, has cold extremities, clammy hands, dilated pupils. His urine is of low specific gravity and contains an excess of phosphates, both earthy and alkaline. Pains, paræsthesiæ, vertigo, head-pressure, and gastric disturbances are not so marked.

This type of neurasthenia is often described as "sexual," or as "primary." Its main characteristics, as may be seen, are neuropathic constitution and history, prominence of depressing ideas, and sexual irritation.

The Climacteric and Neurasthenia.—At the climacteric in women, and sometimes at a corresponding age in men, neurasthenic symptoms develop. In women these symptoms are mostly of a vaso-motor character. Hot flashes, flushing, nervous irritability, poor sleep or morbid somnolence, pains in the back and head, sensations of fainting and sinking, tendency to mental depression, are among the chief symptoms in women, among whom this trouble may be regarded as a climacteric neurasthenia.

In men the symptoms do not greatly differ from those of the ordinary type.

Evidences of vascular tension and of beginning arterial degeneration will be found.

Both in men and women this form of neurasthenia runs a comparatively short and favorable course.

Neurasthenia in Women.—Neurasthenia in women shows itself by a greater dominance of sensory and irritative symptoms. There is more pain, more headache, neuralgia, and spinal pain. There is a greater subjective sensation of "nervousness," more restlessness and irritability. The symptoms rise and fall with greater variability. The neurasthenic woman under excitement does all that a healthy woman can, then collapses entirely. Women of strong purpose will thus be alternately sick and helpless, or bright, active and cheerful. Those of weak will, helped along by sympathetic friends, get into bed and stay there. Overcome by their pains and the weariness caused by active movement, they become permanent invalids.

Hysteria often complicates these cases, and "crises" of palpitation, vomiting, tympanites, diarrhœa, pulmonary oppression, and syncope and emotional excitement occur.

There is much muscular weakness and exaggeration of the deep reflexes.

Nutrition suffers more than in men, and the patient emaciates.

Decided digestive disturbances, in the form of anorexia, flatulence, abdominal pain and sinking, and constipation, are always present. Sometimes severe gastric neuroses, such as nervous anorexia and nervous vomiting develop.

The neurasthenic symptoms are slightly exaggerated at the time of menstruation. The menstrual function is rarely perfectly normal, there being irregularity, dysmenorrhœa, menorrhagia, and rarely amenorrhœa.

Neurasthenia in women, therefore, shows itself by a greater degree of sensory irritation, motor irritability and weakness, more dyspeptic disturbance, and more disturbance of general nutrition. Neurasthenia is a severer disorder in women than in men, for the reason that the nervous system of woman is naturally less stable and less under volitional control, and the life of women often favors the development and continuance of the trouble.

ÆTIOLOGY.

Predisposing Causes.—Age: The disease occurs most often between the ages of 18 and 30, next between the ages of 30 and 40, and then between 40 and 50. It rarely if ever begins before 18, or after 50.

Sex: It affects men and women almost equally in this country. Pure cases are more frequent in men, while atypical forms in which there are complications of hysteria, spinal irritation, anæmia, and local pelvic disorders, are more frequent in women.

Race: Americans are, as a race, very liable to it, especially those living in cities. Of the immigrant races of this country, the Hebrews and the Irish are very prone to it. The Japanese, Portuguese, and Armenians also suffer from it to some extent.

It is more frequent among the Germans than among the English, judging from the medical literature of those countries. It is frequent among the French, but in them hysteria is often an accompaniment. Neurasthenia may occur in the negro, but this is rare, while savage people are practically exempt.

Climate: The cold and dry climates of the temperate zone favor the development of the disorder. So also do high altitudes, if they are dry. Hence the climate of this country undoubtedly helps to promote the disease. In the West, and especially the Northwest lake region and the Colorado plateau, neurasthenia is said to be rather more prevalent than in the South or East.

It occurs in rural as well as urban populations. The educated classes—professional men, especially doctors, business men, and politicians—furnish the largest contingent.

The Exciting Causes are excessive mental strain, sudden shocks, injuries, frights, sunstroke, excessive child-bearing, domestic troubles, sexual excesses, especially masturbation, irregularities and excesses in eating, drinking and smoking. Over-work does not cause it, provided there is no *great mental worry;* and even these things can be borne if the patient is regular in eating and sleeping, and does not drink or smoke too much.

Reckless indulgence in athletics during youth, particularly if combined with the over-use of tobacco, may be a cause. In some cases it follows apparently some single powerful physical exertion. Malaria poisoning, syphilis, the infective fevers, particulariy cerebro-spinal meningitis, are important agents in causing neurasthenia.

Reflex Irritations as Factors in Causing Neurasthenia.—There are many persons, with delicately balanced organizations, who only require some single depressing or irritating agent to put them in a pathological state. This is the case in those neurasthenics who are made so by reflex causes. Given a neuropathic constitution, neurasthenia may be produced by ovarian and uterine diseases. Functional or vascular affections of the ovaries are more serious factors than frank organic diseases. Subinvolution and decided mechanical displacements are more potent in causing neurasthenia than the chronic inflammatory states.

Prostatic and urethral disorders, hæmorrhoids and fissures, may cause general neurasthenic symptoms. Chronic middle and internal ear disease, causing great tinnitus and partial deafness, often aggravate a neurasthenia, if it does

not excite it. Nasal stenosis and hypertrophic catarrh, acting either directly or by disturbing the visual apparatus, may be a cause.

Muscular insufficiencies of the eyes, refractive errors, especially hypermetropia and astigmatism, are often important factors in the ætiology of neurasthenia, but they are not primary or fundamental. Of reflex influences causing and keeping up neurasthenia, disturbances of the stomach, intestines and liver are by all odds the most important; next come irritations from the pelvic and generative organs.

PATHOLOGY.

Neurasthenia is a condition in which the nutrition of the nerve cells is primarily at fault. These cells have lost their power of building themselves up into stabler compounds. They easily break down under slight irritation, and send out consequently but feeble impulses. These facts are indicated by the terms "irritability" and "weakness." It is thought by some that this dystrophic condition especially involves those parts which make up the vaso-motor neuro-mechanism; and if this be so, it is the nervous tissue of the medulla and central parts of the spinal grey matter that are the most involved. There is little doubt, however, that the cortical grey matter and higher centers of the brain are also implicated, for the mental symptoms are always prominent. It is certain that the peripheral nerves are not primarily at fault. Since it has been shown that the sympathetic system is only an outflow from the cerebro-spinal, and that many of its ganglia are rudimentary and functionless, the idea that neurasthenia is located in the "ganglia" of this system becomes quite untenable.

Vascular changes in the nervous system take place. These are of the nature of cerebral hyperæmia, and probably hyperæmia of the spinal grey matter. More rarely there is anæmia.

The cerebral and spinal hyperæmiæ are, however, secondary to the nervous disturbance. Neurasthenia is primarily cellular, secondarily vascular.

The importance and dominance of the vaso motor changes in the skin and internal viscera have been already alluded to under the head of symptoms. The vaso-motor disturbance is one characterized by weakness of the inhibitory vaso-constrictor centers. As a consequence the vessels dilate, and contract irregularly in the different systems of the body. Furthermore, they do not respond normally to the stimulus of functionating. When brain or stomach acts it calls for definite and well-regulated supply of blood; in neurasthenia it does not get it, and hence the morbid symptoms.

The nervous system controls the metabolic processes of the body, which are especially active in the liver, spleen and muscles. In neurasthenia this process is disturbed, and the liver particularly is atonic or sluggish. This disturbance has already been described under the head of digestion.

In other cases metabolism is affected differently; it seems to be simply too slow. The tissues do not build up and break down at a normally rapid rate. The urine is of low specific gravity, and the total solids excreted are less than normal.

One exception to this slowness of metabolism occurs. In all forms of neurasthenia there is a tendency to excessive breaking up and discharge of the phosphates, both alkaline and earthy, more especially perhaps the former.

Course and Duration.—Neurasthenia often develops rather suddenly, and patients can sometimes date the origin of their trouble accurately. In more cases it develops slowly. This difference depends largely upon the causation.

Neurasthenia is always a chronic disorder, and lasts from one to five or ten years, depending largely upon the treatment and habits of life. The forms occurring at the climacteric are the shortest and most favorable, those occurring in early middle life come next, while those forms which develop in youth, if dependent upon neurotic constitution, are the most chronic. The disease lasts longer in women than in men.

THE PROGNOSIS

is in general favorable. Most patients get well, or practically well, so that with care they can enjoy life and attend to its duties. But the patient almost always has some reminders that he cannot over-tax himself or do quite as much as can a person of strong nerves. This is especially true up to the age of forty-five or fifty. The lessened sensibility of the nerves in the declining years then comes to his help; he gets the benefit of his past years of regularity and temperance; his last years are his best, and he lives to enjoy many of them. Neurasthenics, if they get well, get old.

Neurasthenia does not lead to insanity or epilepsy or organic disease; but it may be supplanted for a time by an asthma or severe neuralgia.

DIAGNOSIS.

Neurasthenia must be differentiated from simple nervousness, degenerative forms of insanity, such as *folie du doute*, from hypochondriasis, from melancholia, hysteria, and spinal irritation.

Nervousness may be a natural characteristic, a part of the temperament. As long as the patient does not suffer and is not incapacitated from work and enjoyment, we can somewhat arbitrarily say it is not neurasthenia.

Peculiar sexual perversions, doubting mania, pronounced forms of morbid fears, may be associated with some neurasthenic symptoms, but the diseases mentioned are essentially psychical disorders, and dependent on a congenitally deficient brain. The hereditary history is usually bad. The clearness and dominance of the mental symptoms are sufficient for a diagnosis.

The same remarks apply to hypochondriasis. The mental depression and fixed ideas are altogether disproportionate to the other symptoms.

In melancholia there are pallor, anæmia, loss of flesh, anorexia, insomnia, coated tongue, and constipation, often a lowering of temperature, a profound and constant mental depression. This must often be looked out for in women at the time of the climacteric. The mild types also are found oftener in women.

Hysteria may complicate neurasthenia, or in rare cases it occurs with few characteristic nervous symptoms. It is found much oftener in women; but in the neuroses following shocks and injuries it is seen in men.

Hysteria is essentially a mental disease involving the emotional faculties and the will. It is characterized by certain crises of convulsive or emotional character. There are certain stigmata almost always present which enable one to recognize it. These are the anæsthesiæ of the special and general senses.

Spinal irritation is a neuralgia of the posterior spinal nerves, and presents easily distinguishable characters. In women it not infrequently complicates neurasthenia; but it is not neurasthenia, and may occur quite independently of the distinctive symptoms of the neurasthenic state.

TREATMENT.

It is of the first importance for the physician to get a firm mental grip upon his patient. This can only be done by making the most careful and scrutinizing examination, and by so acting as to make the patient feel that one understands his case, even if he does not sympathize. The patient should then have his course of treatment laid out for him. If he does not follow it strictly, all treatment should be stopped. Women are harder to manage at their homes than men, and it is better to isolate them somewhere, if possible.

Rest or lessening of business and domestic duties is fundamental. Traveling is bad, but the patient can be sent to stay at such places as the Azores, West Indies, Bermuda, or to some special point in Southern Europe. A trip along our great lakes, camping out, or long sea voyages in rather warm climates are to be advised.

Diet.—The diet should be rather nitrogenous than otherwise, but fats and green vegetables and certain fruits may be added. Sugars and starches are to be avoided, though malt preparations usually agree.

The nutrition of the patient cannot be too carefully watched. He should be weighed and sometimes fattened, using water, malt, oil, and cream for this purpose. The amount and specific gravity of the urine must be noted, and his diet regulated accordingly.

Neurasthenic patients usually drink too little water, or else too much, at meal-time. Water should be drunk between meals or half an hour to an hour before meals.

Neurasthenics need to be properly fed, but not to be stuffed. In many cases a low diet, but one perfectly digestible, is most indicated. Meals should be taken at fixed hours.

Hydrotherapy.—A cold sponge bath, or a shower or a strong jet of cold water on the back, or a cold plunge, are measures that are almost invariably indicated. In irritable cases the wet pack for three-quarters of an hour, followed by a cool wash-off, has a very quieting effect. A lukewarm bath at 95° to 98° at night for half an hour relieves the paræsthesiæ and insomnia. The skin should have a thorough rubbing every day.

Respiratory exercises for expanding the lungs, light exercise—such as swinging clubs or dumb bells, throwing balls, swinging from horidontal bars or rings, bicycling, horseback ridlng, tennis, rowing, fishing, etc., should be enzouraged. The exercise should not be severe; it should be interesting, it should be done in fresh air, and it should bring into play the cungs and arms more than the legs. Walking ioes little good, though it is better than nothing.

Electricity.—In neurasthenic women with painful backs or with a hysterical complication, too much cannot be said for electricity. General and spinal galvanization and the static sparks are the specially efficient forms. Gen eral electrization is a decided mechanical tonic, and useful in almost all forms of neurasthenia; but it is more useful in cases in early life, in women, in the asthenic, and in those with spinal pains.

The combined galvanic and faradic current, as described by De Watteville, is especially useful.

Electrical baths are not so good as baths and electricity given separately.

Electrical treatment should be given three or four times weekly for about six weeks, then suspended.

Massage has no special or curative value in neurasthenia, except as a part of the rest-cure. Mildly used, it soothes and quiets many patients and has a symptomatic use. Vigorous massage is injurious.

The rest-cure, as described by Dr. Weir

Mitchell, is indicated for a certain class of neurasthenic women with decided impairment of nutrition and a complicating hysteria.

The discovery and treatment of the reflex irritations is important. After the stomach and liver, the pelvic organs and the eyes are the most fruitful sources of trouble.—*Chas. L. Dana, M. D., in the Post-Graduate.*

The Management of Major Amputations.

The prevention of hemorrhage is the chief point in the management of amputations. Second to this is the preservation of as much of the limb as possible. The terrible death rate after hip-joint amputation is chiefly due to hemorrhage. Compression of the aorta or common or external iliac has not rendered the operation less dangerous. The following modification is proposed: The patient is placed in posltion with the hip of the side to be operated on well over the corner of the table, the foot is elevated, an Esmarch bandage applied to drive the contained blood toward the heart. The bandage should not be too tightly put on over the seat of the disease, for fear of driving septic matter into the circulation. With the rubber bandage in position, two steel mattress needles, three-sixteenths of an inch in diameter and a foot long, are used. The point of one is inserted an inch and a half below the anterior superior spine of the ilium, and slightly to its inner side, and is made to traverse the muscles and deep fascia, passing about half way between the trochanter and the iliac spine, external to the neck of the femur, and through the substance of the tensor vaginæ femoris, coming out just back of the trochanter. About four inches of the needle should be concealed by the tissues. The point of the second needle is entered an inch below the level of the crotch, internally to the saphenous opening, and passing through the adductors, comes out about an inch and a half in front of the tuberosity of the ischium. No vessels are endangered by these needles. The points are protected by corks, to prevent injury to the operator's hands.

A piece of strong white rubber tube, half an inch in diameter and long enough when tightened in position to go five or six times around the thigh, is now wound very tight around and above the fixation needles and tied. The Esmarch bandage is removed, and five inches below the tourniquet a circular incision is made, and a cuff, which includes the subcutaneous tissues down to the deep fascia, is dissected off to the level of the lesser trochanter, at which level the muscles and vessels are divided squarely and the bone sawn through. All vessels, including the veins which can be seen, are tied with cat-gut, and the smaller bleeding points can be discovered by slightly loosening the tourniquet. The remainder of the femur is removed by dividing the attached muscles close to the bone, and opening the capsule as soon as it is reached. On lifting the bone in the direction of the patient's navel, and dividing the cotyloid ligament posteriorly, the air enters the cavity of the acetabulum, and facilitates the division of the ligamentum teres. Sometimes in the case of the extremities of the patient, the operation may be done in two sittings.

The same method may be applied at the shoulder-joint. One needle is made to transfix the anterior axillary fold away from the vessels and the nerves, and taking firm hold in the pectoralis major. The other pierces the deltoid just below the acromion process, and is pointed backward.—*Dr. Wyeth, in Journal American Medical Association.*

Avoiding of Stimulants During Hemorrhage.

It is customary, when the accident of hemorrhage occurs, for the operator, or some bystander, to administer wine, brandy, or some other alcoholic stimulant to the patient, under the false idea of sustaining the vital powers. It is my solemn duty to protest against this practice on the strictest and purest scientific grounds. The action of alcohol, under such circumstances, is injurious all round. It excites the patient, and renders him or her nervous and restless. It relaxes the arteries and favors the escape of blood through the divided structures. Entering the circulation in a diluted state, it acts after the manner of a salt in destroying the coagulating quality of the blood; and above all other mischiefs, it increases the action of the heart, stimulating it to throw out more blood through the divided vessels. These are all serious mischiefs, but the last named is the worst. In hemorrhage the very keystone of success lies so much in quietness of the circulation that actual failure of the heart, up to faintness, is an advantage, for it brings the blood at the bleeding point to a standstill, enables it to clot firmly, when it has that tendency, and forms the most effective possible check upon the flow from the vessels. In a case where I had to remove a hard palate, that had become carious, in order to reach and twist a bleeding vessel, although the quantity of blood lost during the hemorrhage amounted to over three pounds in weight, and the syncope was so extreme the patient did not know anything had been done to him after he returned to consciousness, not a drop of stimulant was administered at any stage, and the care to avoid such administration was carefully sustained after recovery, in order that the rapid action of the heart might not overcome the resistance of the tenderly sealed up vessel. I am certain that this rule of

avoiding stimulation was far more effective in saving my patient's life than any surgical skill of mine, for the vessel I twisted might have become plugged up, naturally, during the syncope, but nothing would have prevented the bleeding from breaking out afresh if the heart, instead of being allowed to swing around of itself, slowly and safely, had been whipped, for a brief period, into violent action. I refer to this case as typical, because if a stimulant were not wanted in it, a stimulant cannot be called for in examples less severe. The course followed was simply to lay the patient quite recumbent when signs of faintness supervene, and, so long as he could swallow, to feed him with warm milk and water freely. Such, in my opinion, is the proper treatment to be employed in every instance of syncope from loss of blood.—*The Asclepiad.*

The Use of Cocaine.

1. Local anæsthesia is best and most safely secured, not by spraying the entire Schneiderian mucous membrane with a solution of cocaine, but by applying the solution on absorbent cotton simply to the field of operation.

2. Within certain limits, weak solutions produce deeper and more profound anæsthesia than the stronger, but require a somewhat longer time to manifest their full effects; a 4-per cent solution being probably the most satisfactory strength for obtaining local anæsthesia within the nose.

3. Solutions of cocaine, when applied to inflamed mucous membrane, do not manifest their effects as quickly and completely as when no inflammation is present.

4. Unless the effects of cocaine are maintained for a considerable time by repeated applications of the drug, its use locally is followed by increased congestion and inflammation, when inflammation is already present.

5. When cocaine is used to produce a sedative effect, and diminish discharge in acute rhinitis, but more especially in nasal pyorrhœa and hay fever, it should be employed as a solution rather than as a "snuff," made by powdering cocaine crystals with other substances, because the mechanical irritation of the powder tends to increase the existing inflammation and discharges, and counteract to that extent the effects of the cocaine.

6. When a solution of cocaine is used within the nasal chambers, care should be exercised to prevent its reaching the pharynx, where it quickly suppresses the discharges and produces a most annoying sensation of dryness, which the patient vainly tries to relieve by frequently swallowing saliva. Except as an application to the tonsils, cocaine is not well adapted for use as a therapeutic agent to be applied within the pharynx.—*Ec. Med. Journal.*

Acute Intussusception.

Lockwood reports a case of acute intussusception in a child four years old, in which resection was performed, and death resulted from shock twenty hours after operation. The child had been seized with purging and vomiting five days previously, but no blood or slime was passed with the motions. The abdomen became distended, but nevertheless a tumor about three inches long could be felt in the right iliac fossa. An intussusception was diagnosticated, and the abdomen opened by an incision in the right linea semilunaris.

There was slight peritonitis, and invaginated bowel, which was part of the ilium, was firmly adherent to its ensheathing intestines (which was also ilium), and the peritoneum split at every attempt at withdrawal. It was therefore decided to resect the intussusception; and with this end in view the peritoneal sac in the neighborhood was washed with sponges, and the intestines above and below the diseased part controlled by an elastic band. The intussusception and a wedge of mesentery were removed; and after the distended intestines had been emptied of flatus and fæces, suturing was done by the Czerny-Lembert method. The abdomen was irrigated with hot water, but this increased the shock instead of diminishing it. There was exhaustion before the operation, and considerable collapse after it was finished, and from the latter the child never rallied, and died twenty hours after the operation.

The examination showed that the lumen of the bowel was quite pervious and that the line of sutures was secure. In commenting on this case, the fatal result was attributed mainly to the length of the operation. The emptying of the distended bowel was of great importance, both as an aid to the performance of the operation, and as adding to the security of the stitches and relief from obstruction.

The literature of the subject seemed to show that out of fifteen cases of resection of intussusception three had recovered.

In the discussion following, it was brought out by Mr. Howse that puncturing the intestine to allow the escape of flatus was an unsafe proceeding, as thin fæculent matter was apt to ooze from the pricks, and the punctures did not admit of easy suture. Mr. Barker alluded to a method of treating these cases where the intussusception could not be reduced. A longitudinal incision should be made through the intussuscipiens, and then the inner intussuscepted part should be cut away, the original incision being closed with sutures. The natural process of cure was thus imitated, but he had not had an opportunity of trying it.—*Archives Pediatrics.*

Post-Partum Hemorrhage.

In the event of a very severe post-partum hemorrhage, the medical attendant may try ergotin hypodermically, or hot vaginal or rectal injections; but these may fail. It is a belief, not yet quite dead, that the uterine sinuses are closed by clots. This is quite erroneous. The uterine vessels and sinuses are interlaced by muscular fibers, and it is the contraction of these that arrests the hemorrhage. This muscular tissue, as it were, ligates the vessels that would bleed, and so long as the contraction is good, there is no danger. Now, for the maintenance of this tonic action of the muscular tissue in the uterus, Dr. Ferguson has found the application of heat to the lumbar portion of the spine very useful. It stimulates this portion of the nervous system by bringing more blood to it. There is a greater influx of nerve energy to the uterus, and contraction is brought about. It is true that the uterus seems to be very independent of the spinal cord, and labor may take place in a paraplegia. This does not, however, invalidate the fact that heat—applied to the spine by a large sponge dipped into hot water—does much good in the way of rousing the uterus to action. But when all things fail, as fail they will at times; when ergotin, acetate of lead in large doses, hot injections, and heat to the spine disappoint us, we have one last resort—tampon the uterus and vagina thoroughly with iodoform gauze, or, if this is not at hand, some cloths to which glycerin is added. This plan will seldom fail. The bleeding is soon arrested, the uterus begins to contract, tone in its walls is secured, and one can feel at ease that the patient is out of all immediate danger.

Not Much Money in Medicine.

A Chicago daily paper sums up the doctor's business in the following manner:

The opinion that doctors revel in wealth is not borne out by the stories they tell, and the wills which they leave behind. One of the most prosperous physicians of this city was the elder Byford. He came to Chicago in the early days, and the last twenty-five years of his practice were devoted to the diseases of women, a branch of the practice which is considered more lucrative than any other, surgery being considered separate from medicine. His estate was valued at $100,000. This sum did not, however, represent the accumulations of his practice. He began at an early period to invest his money in real estate, and had the benefits of the early advances as well as some of the later ones. He made most of his money in that way, so that the amount of his estate does not properly belong to his profession. Besides, Dr. Byford was a plain man, one who had no extravagant tastes, and he perhaps saved more than the man who had more practice than he. Dr. Gunn of Rush Medical College, a man who stood high in the profession, and who had the advantages which come from experience and success, died comparatively poor.

Few Chicago doctors were more successful in every way than the late Dr. Parkes. He was credited with receiving the largest fees of any Chicago physician. The largest fee ever paid in this country was paid to him. He left an estate which will keep his family from being under obligations to the world, but that does not mean a fortune.

The Tribune has the word of a gentleman, who if his name were given to the public would not be questioned on the matter, to the effect that the practice of medicine does not afford a field for the accumulation of wealth if it is legitimately followed. There is where the world frequently makes its mistake about doctors. There are men who do not practice *legitimately* and who gain great fortunes thereby, and the world, not knowing the means employed, take it for granted that there is money in the profession. There are occasional cases where large fees, and even fabulous ones, are paid. But they do not occur often. This is more especially true of surgery.

Another reason given by the same gentleman for the non-accumulation of money by the profession is the failure of many a patient to pay his bill. The gentleman in question assured the writer that he lost 30 per cent of his fees. He acknowledged that he was not much of a collector, but that is true of the profession as a rule. The average of medical fees runs from $2 to $150. Anything above the latter sum comes under the head of exceptional fees. The doctor usually lives well; he has to. It is one of the professions where the practitioner may have all the eccentricities of dress, but he must have some of the pretensions of the well-to-do. He must have his horses and carriage. He must educate his children and clothe his family in a manner just a trifle above the ordinary middleman. His profession demands that he shall not be mercenary—at least not outwardly. That reputation will kill any physician. He must go at every call, and it will not do for him to let the world know that he wants his money.

There is not the same encouragement for the young doctor in the city that used to be. In the fifties when the old practitioners became crowded, as they sometimes did, they turned over some of their business to the new graduate. Latterly the free dispensaries have come to the relief of many of the poor, but in doing this a large amount of bread has been taken from the mouths of the young physicians. The free dis-

pensary takes the surplus business and another fact which makes the doctors angry is that these dispensaries are frequently patronized by people who can afford to pay doctor bills.

In one of the offices down town there is a reception room in which sits a woman who gives the caller a number just as a man gets in a barber shop Sunday. The sick who go to this office take a number and await the regular turn. The physician within the small room is there from 9 o'clock in the morning to 1 P. M. He receives on an average of twenty-five calls daily. The calls average $2. That is considered a good business. This office practice does not include the practice which the physician gets from his old neighbors who are the very best pay. There are a few doctors in Chicago who are doing this kind of business.

Urethral Calculus of Large Size in a Boy.

A healthy looking boy came under the care of the writer, suffering from enuresis and painful spasm in the region of the bladder. There was also continuous priapism and great tenesmus at the anus.

A sound discovered a stone lodged in the urethra near the bladder. Three weeks later the stone had advanced into the scrotal portion of the urethra and had become securely fixed. Enuresis became complete, and the bladder distended.

The child was anæsthetized with equal parts of ether and chloroform, and the stone cut down upon through the raphe of the scrotum, using a squeezing pressure forward, and with the aid of a probe the stone came away.

A catheter was passed into the bladder and the wound closed with a catgut ligature. The catheter, contrary to orders, was withdrawn, and the next day it was found that the urine came through the wound more than through the urethral orifice. The wound healed in one week. The calculus weighed forty-five grains, and was oblong in shape. The center was very hard, evidently of urate formation. The surface was covered with a phosphatic layer.—*Dr. Bolton.*

Permanganate of potash used as a lotion in a solution of four grains to the ounce of distilled water, is an excellent remedy for the results of crushes, bruises, gun-shot wounds, lacerations, etc., as well as for the bites of venomous reptiles. "If you have a case where destruction of tissue is threatened or progressing, as, for instance, a somewhat advanced case of phlegmonous erysipelas, or a severe crush, or any appearance simulating these conditions, use without delay or hesitation a strong solution of permanganate of potassium, and your confidence in the drug will be rewarded."

Treatment of Pruritus and Irritable Skin.

Dr. Porritt recommends the employment of a cone of cacao butter, impregnated with 2 per cent of cocaine, in the treatment of pruritus and irritable skin. This is rubbed over the part affected. The warmth of the skin melts off a layer of cacao butter, which forms a soothing emollient shield over the irritable patch. The remedy has been put up in the form of cones, inclosed in boxwood cases with screw tops, something after the manner of menthol cones. In irritable affections of the skin, in cases of insect bite, in pruritus, and various other forms of hyperæsthesia, the remedy is worthy of a trial, and its use has a distinct advantage over the more usual applications. Although containing cocaine, the writer regards the manner in which the cacao butter is spread over the affected part as having a share in the curative process.—*British Medical Journal.*

Treatment of Ringworm of the Scalp.

Unna treats all cases of ringworm of the scalp as follows:

All the hair is cut off short from the head. Then a strip of zinc-glue (zinkleim) is drawn along the line of the hair all around the head. All inside of this boundary line is painted with a 5 to 10 per cent chrysarobin ointment, or one composed of chrysarobin, 25 grains; salicylic acid, 10 grains; ichthyol, 25 grains; and simple ointment, 1 ounce. An impervious cap of guttapercha tissue is fitted over the head, so as to come down to the middle of the band of glue, its edge covered in with the zinkleim and a mull bandage. Over all comes a close fitting flannel cap, which is to be kept in place by bands sewed on to it. The bandage and dressing are to be changed every twenty-four hours. This method of dressing prevents the chrysarobin from getting into the eyes, and absolutely takes away all danger of spreading contagion, so that the child can go to school. After three days the chrysarobin is washed off and a 5 per cent ichthyol or sulphur ointment substituted for it. At the end of a week the whole head is to be oiled and washed with soap and water. The process is to be repeated every week for three or four weeks.

Schultze says that beer should be drank out of gold lined silver mugs. Next to these come tin and then covered salt-glazed stone mugss Lead glazed mugs and glass should be excluded.

Linke, however, disputes these conclusions, and states that 20,800 liters of beer must be drank from the worst kind of lead-glass to take in one milligramme of lead-oxide.

Until the matter is settled it is best to refrain from beer; or, at any rate, to refuse it unless served in solid gold mugs set with diamonds.—*Times and Register.*

"WHITHER DRIFTING?"

Several days after the ERA's editorial on "Katabolism of the Code," was written, we removed the wrapper from and opened one of our valued exchanges, the *American Lancet*, of Detroit, and came upon one of similar tone in that journal, which, in this connection, it is worth while to reproduce. It is headed,

"WHITHER DRIFTING?"

"It is stated as a historic fact that Hahnemann was once an honorary member of the New York State Medical Society. For some reason not quite clear, those members of the Society who took up with the new doctrines, and attempted to prove or disprove them, were attacked and expelled from the Society. Being persecuted, these banded together, and hence the beginning of the distinctive organization of the homœopaths. As time passed along, some members of the profession desired to consult with these parties. Their reason for this does not matter, though it is not denied that if there had been plenty of fat consultations exclusive of these, the desire would not have been so strong. Finally, in New York this part of the profession became so strong that they captured the State Medical Society, and conducted it upon the distinctive features known as the new code. The peculiarity of this code is its elasticity respecting consultations. Its votaries consult with any person they choose. True, a new State Society arose in New York, and maintains a vigorous existence; does splendid work—better than that of the old Society, or any other State Society. However, the new doctrine, with New York as a center, spreads. Its influence can be seen anywhere. In every city consultations of regulars and irregulars is said to be a common occurrence. In Detroit the Homœopathic hospital is filled largely with the patients of regular physicians. The carriages of the two sects alternate upon the adjacent streets during regular visiting hours. Montgomery, Ala., Medical Society has unanimously adopted resolutions favoring consultations with homœopaths and eclectics. The relations already existing between these practitioners in that State is such that it is no wonder this result follows. All this in the home of the late Dr. Baldwin of Montgomery, the stalwart opponent of such consultations!

"Columbus, Ind., has formed a Medical Society, in which all physicians meet on one common plane. It is reported that staunch friend of the medical profession, Dr. T. A. Reany of Cincinnati, spent an evening with this Society.

"It is perfectly plain that we are drifting toward a commingling of all doctors who have a legal right to practice medicine. How long we shall be in reaching this end is not clear.

"Let it be remembered that we are not discussing the matter other than historically; nor do we undertake to argue here its good or bad results. It is enough to note the fact. It is pertinent to call attention to the other fact, that during the period in which this commingling has occurred, the specialists have come into especial prominence. It is more than probable that it was their ends and ways of getting practice and the peculiar nature of the same that finally precipitated the affair. Physicians in general practice have no need for consultation with irregulars, or any other practitioners. But surgeons general, and all sorts of special surgeons, have need of all the special cases they can get. One from the homœopath is just as good as one from the regular. So they have stretched out their long arms and hooked fingers for their daily supplies. The multiplication of all kinds has actually taken from the general practitioner most that he once possessed. At any rate, it has given them a preponderating influence in medical affairs, and to their operations we may fairly ascribe the drifting of the medical profession, to which attention has been called."

Ice found in impure water has caused sickness; it may contain from 8 to 10 per cent of organic matter dissolved in the water, and in addition a very large amount of organic matter that had been merely suspended or floating in it; it may contain living animals and plants ranging in size from visible worms down to the minutest spores, and the vitality of these organisms may be unaffected by freezing. The above are the conclusions of the State Board of Health of New York as to the agency of impure ice-water in causing disease.

It is important to distinguish between the early stages of melancholia and that form of mental depression which marks but one phase of a phychosis whose tendency is to chronicity, usually distinctly circular in type. Melancholia occurring at about the age of puberty should be regarded with suspicion, especially so if there is a history of previous elation. Occasionally the depressed stage comes first. The diagnosis is then even more difficult, and should be made with reservation. Usually, I think, the depression in circular insanity is more stuporous in form from the start, and even when profound, not apt to give evidence of the presence of definite delusions. Such patients are apt to show an inherited neuropathic taint; as children they are often precocious, frequently self-willed and vain, and usually ambitious. They are peculiar and in a persistent state of unstable mental and moral equilibrium.

WORTH KNOWING.

One-half of all abdominal hernias occur during the first five years of life.—*Dr. DeGarmo.*

There seem to be two pre requisites to an old-school physician in making a visit, namely, a prescription blank and a hypodermic syringe.—*Dr. S. R. Snow.*

Milk secreted in insufficient mammæ, by a woman not in full health, or by a very old woman, or by a very young woman, or by a woman very anæmic from prolonged convalescence, is incapable of properly nourishing a healthy child.—*Dr. Hatfield.*

Take a pair of shoes that have become stiff and uncomfortable by constant wear in the rain and apply a coat of vaseline, rubbing it in well with a cloth, and in a short time the leather becomes as soft and pliable as when it is taken from the shelves of the shoe dealer.

The Canadian Samson who is credited with lifting 3,993 pounds without any harness, says concerning his habits: "I abstained two years ago from liquor and tobacco, before that used to take them regularly. I am three times better off since then. I gained in strength enough to lift 700 pounds more in these two years. Liquor is a bad habit, any way. Tobacco, too much of it, is bad. I am three times better off since I gave them both up."

It has been said long ago that the evils wrought by a theory have never in history discredited the theory. Certainly this would seem to be true in the practice of medicine. The melancholy history of the use of calomel and of opium in India is a saddening example. A few men here and there question the theory and gain adherents chiefly among the young. The older men are not so much converted. They die out and by and by the world awakes and exclaims how foolish the last generation was!—*Dr. A. G. Bartley.*

As a means of arresting hemorrhages and gaining time for other remedies, adopt the following method, one great feature of which is that it is always available, and does good. It is applicable to cases of capital operations on the body, such as the removal of large and vascular tumors from the neck, the female breast, etc. The plan is simply to tie bands around the legs and arms close up to the body. This arrests the return of blood to the body, while the flow of blood into the limbs still goes on. By this means a very large amount of blood in the body is rapidly collected into the four extremities and the pressure taken off the central vessels.

Fœtus in Fœtu.—Kolisko demonstrated a case of fœtus in fœtu before the Association of Physicians at Vienna. The child lived and developed normally for five weeks except for the presence of an abdominal tumor. It died at the end of that time from the combined effects of a bronchitis and pemphigus. Post-mortem examination revealed a cystic tumor occupying the right half of the abdomen, and extending from the liver to the pelvic entrance. The contents of the cyst consisted mainly of a brownish fluid containing epithelium. Two solid masses were also found in the cyst, one of which presented a process having the appearance of a rudimentary fœtal extremity; the other corresponded to a portion of the face and showed, on microscopic examination, structures of the under-jaw, tongue, teeth, etc.

I have ever doubted if a bit of paper with a seal, and a few words mumbled by an ignorant magistrate, made sexual intercourse between an unloving and ill-mated man and woman less adultery than was the embrace of two young lovers whose prudence in an unguarded moment yields to passion; whether the woman who weds a man for his wealth or position is less an unchaste woman than she who receives her lover without consent of Church or State *for love of him.* I know the world regards them differently; "Honored well are charms to sell, if priests the selling do," but—I doubt. Still, as it now stands, marriage is the best solution ever yet offered to the great problem, and the man who would endeavor to solve the problem without marriage forgets that it is a human and not an ideal and angelic race he deals with.—*Dr. A. B. Holder.*

While both sexes are afflicted with rumbling of the bowels, it is particularly embarrassing to young ladies. Certain kinds of food will produce this, but constipation is the greater factor in the production of this gas accumulation, and if the constipation can be cured the rumbling will cease. The remedy is to wash out the lower bowels two or three times a week with warm water; let the temperature of the water be 98 or 100, and if desired, the action of the water can be increased by adding two or three drams of glycerine to each pint of warm water injected. First inject the warm water until the desire for defæcation comes on, stop and remove the nozzle of the syringe and let the bowels act. After the bowels cease to act, reinsert the nozzle and inject warm water until the colon is full. Very soon the warm water and glycerine will carry off the accumulated fæcal matter, leaving the bowels free from fæcal accumulation, relieving the bowels of the cause of the "rumbling" and "croaking."

When the patient inquires whether he may take a certain article of food, put these questions to him,—namely, "Do you like it?" "Does it agree with you?" If the answer is in the affirmative there is no intelligible reason why the use of that article should not be sanctioned. Such a rule is so plain and simple, and so obviously consonant with good sense, that it might scarcely appear worth while, or even dignified, to make formal mention of it were it not so well established in the experience of all, that it is constantly violated.

A Physician does not contract to cure a patient; he is not an insurer, but his undertaking, and the duty which the law imposes on him, is only to exercise due skill and care in the treatment of his patient. * * * It is enough if a competent physician exercises his best judgment in a case. He may decline to respond to the patient unable to compensate him, but if he undertakes the treatment of such a patient, he cannot defeat a suit for malpractice, nor mitigate a recovery against him, upon the principle that the skill and care required of a physician are proportioned to his expectation of pecuniary recompense. Such a rule would be the most mischievous in its consequences—would make the health and the life of the indigent the sport of reckless experiment and cruel indifference.—*Judge Prior.*

In a paper on Influenza, Dr. Lee of Philadelphia, asserts that in Pennsylvania alone, last year, 1,120,000 persons were sufficiently ill of "influenza" to demand medical aid or come under the observation of physicians. He puts the total of deaths at 7,879 directly or indirectly caused by the epidemic influence. Sporadic cases appeared in different parts of the State in November, 1889, it began to attract general attention in December, and in January, 1890, the epidemic became fairly seated, increasing the death rate and spreading with inconceivable rapidity. The disease was especially prevalent in mining towns, and it is a curious fact, showing the rapidity of its travel, that crossing the ocean from Russia, the disease was observed quite as early in the western part of the State as on the eastern border. Dr. Lee thinks it is of a nervous type, and the cause which produced or carried the disease, whether microbe or meteorological, spent itself directly upon the nervous system, inviting excessive nervous prostration, emotional depression, and all the other phenomena of the epidemic which Dr. Lee says "can be accounted for by the supposition that the great balance-wheel of organic life has become deranged, and on no other theory so simple." He finds his theory also confirmed by the fact that nervines have been the most efficacious.

There is danger in administering chloroform in the presence of an open flame. Phosgene, a gas exceedingly irritating to the respiratory tract, is produced by the decomposition of chloroform in the presence of a flame. While no cases are recorded in which death could be directly traceable to this source, the question suggests itself whether it may not have been the exciting cause of fatal broncho-pneumonia in some cases after operation. The gas does not develop in the presence of the incandescent light.

To two ounces of collodion mix one drachm of iodoform,—and the compound is an excellent sealing material to close shallow wounds of the integument. The silk sutures which close abdominal wounds should pass through the mixture as they are inserted; and the seam should be swabbed or brushed with the glazing material. The medicament renders the sutures and needle wounds aseptic,—a feature of some importance in the dressing. The iodoform dissolves in the ether which holds the gun-cotton solution; it liquefies the consolidated ether of iodoform. If too much iodoform be used the ether of collodion will not hold it in solution.

Diphtheria: Its prevention and treatment, was the subject for discussion at the International Medical Congress, at Berlin. Dr. Löffler, of Greifswald, opened the discussion before the Section of Hygiene. He looks upon the Klebs-Löffler bacillus (1883) as the causative factor in diphtheritic infection. Diphtheria patients should be isolated in a room containing naught but the necessary furniture. All articles having been in contact with a case of diphtheria should be exposed to hot steam and sterilized The germ of diphtheria may live a long time in the tissues; thus children should not enter school until four weeks after an attack of diphtheria. Cases are reported in which the bacillus was found to be present after sixteen weeks. Löffler denies the identity of animal and human diphtheria, and does not agree with those who hold that a healthy mucous membrane is an obstacle to diphtheritic invasion, but he recommends prophylactic gargles during an epidemic of disease. Conditions of climate and of the weather have little known influence as to the spread of the disease, which is undoubtedly most prevalent in over-populated, filthy and damp localities. The diphtheria bacillus develops in milk, and at a low temperature. To disinfect a room, Löffler advises scrubbing the floor with one to one thousand mercuric bichloride; the walls are to be rubbed down with bread-crumbs. Dr. Roux of Paris, held similar views.

The germ of small-pox, if there is one, has not been identified. In the virus used for vaccination a micrococcus is frequently found, but not constantly, and it is not known that this has anything to do with prevention of the disease.

A Physician warns people against examining the naked arc of the electric light with the naked eye, lest they be attacked by blepharospasm, central scotomata or chromatopsia, etc., accompanied by intense photophobia, lachrymation and conjunctival congestion. There is also the risk that their eyes may be affected.

Organized Outbreaks of lunatics are among the rarest of occurrences. Sunday last an outbreak took place in the refectory of the Bicetre asylum, where a lunatic who had often to be kept in a padded room complained that a new keeper had deprived him of a portion of food to which he was entitled. The complaint, it is said, was well founded. As the dish was being fetched the madman lost patience and dashed the plate before him against the wall opposite. Five others followed his example, and then ran to pitch everything they could lay their hands on out of the windows. M. Pinon, the governor was called, compulsions of a violent kind never being allowed unless by his orders. As he entered the refectory a dish was broken on his head, and he and a keeper who was with him had difficulty in escaping with their lives. The mad people tore down the iron bars which form a partition between their part of the hall and a section where other patients were dining. They then got to the keepers' rooms, and seizing knives and razors went to cut the throats of those who denied them their liberty. Troops were summoned from the fort and arrived as the mutineers had got possession of the kitchens and courtyard. When twenty soldiers with fixed bayonets entered the latter, there was a sudden collapse. The six ringleaders dropped their knives and razors, begged pardon, and submitted quietly to be taken back to their cells. Nearly all the keepers were seriously injured; one was beaten with a chair and his arm broken in two places. A madman named Jolly rifled a desk of bank notes, all of which he ate.—*British Medical Journal.*

An African clergyman, in preaching from the text: "And multitudes came unto Him, and He healed them of divers diseases," said: "This is a terrible text, my dying congregation. Disease is in the world. The small-pox slays its hundreds, the cholera its thousands, and yellow fever its tens of thousands, but in the language of our text if you take the divers, you are gone. These earthly doctors can cure small-pox, cholera, and yellow fever, if they get there in time, but nobody but the good Lord can cure the divers."

Illinois Homœopathic Medical Association.

Owing to a slight misunderstanding several errors appear in the list of chairmen of the Illinois Homœopathic Medical Association, as given in the June Era. The corrected list is as follows:

Obstetrics: Dr. G. F. Contant, La Salle, Ill.

Diseases of Women: Dr. S. P. Hedges, Chicago.

Diseases of Children: R. N. Tooker, M. D., Chicago.

Materia Medica: T. C. Duncan, M. D., Chicago.

Surgery: H. V. Halbert, M. D., Chicago.

Clinical Medicine: J. S. Mitchell, M. D., Chicago.

Medical Legislation, Jurisprudence and Education: J. A. Vincent, M. D. Springfield.

Sanitary Science: C. N. Hazleton, M. D., Morrison.

Pathology, Physiology and Histology: H. N. Lyon, M. D., Chicago.

Medical Literature: J. E. Gross, M. D., Chicago.

Neurology, Pyschology and Electrology: N. B. Delamater, M. D., Chicago.

Necrology and Statistics: T. S. Hoyne, M. D., Chicago.

Rhinology, Larynology and Diseases of the Lungs: A. K. Crawford, M. D., Chicago.

Ophthalmology and Otology: F. H. Foster, M. D., Chicago.

The hostility of the average doctor to the disciple of Hahnemann is not half so pronounced as was the case a decade ago, as is evidenced by the promptness with which certain prominent surgeons of this city respond to the call to operate for Homœopathic practitioners; again, the rapid increase of "New Code" men, even outside of New York, is significant of a change; so, too, is the fact that many post-graduate schools admit graduates of Hahnemann colleges; and still more is the fact that an ex-President of the American Medical Association has openly avowed his practice of consulting with all legally-qualified practitioners, whether "regular," "Homœopathic," or "Eclectic," and absolutely no notice of it has been taken by that Association!—*Kansas Medical Index.*

One of the "sweet graduates" in a neighboring town, says the Sumter County, Florida, *Times*, read an essay on physiology, in which she said: "The human body is divided into three parts—the head, the chist and the stomick. The head contains the eyes and brains, if any. The chist contains the lungs and a piece of the liver. The stomick is devoted to the bowels, of which there are five, a, e, i, o, u, and sometimes w and y."

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OBITUARY.

DR. WILLIS DANFORTH, aged fifty-five years, died at his home in Milwaukee, June 3d, 1891.

Dr. Danforth was born in Lake Village, N. H., Sept. 26, 1826. He started as a physician at Oswego, Ill., in 1850, and two years later was married to the daughter of the Rev. James H. Moore, of that place. He removed to Joliet, Ill, in 1854, and resided there sixteen years.

In 1861 Dr. Danforth entered the army as captain in the Thirteenth Illinois cavalry, and served for two years. He was then appointed surgeon of the One Hundred and Thirty-fourth Illinois infantry, and was soon promoted to be medical director for the District of Western Kentucky, and did not leave the service until the close of the war. He returned home and resumed practice. In October, 1869, he was elected professor of surgery in the Hahnemann Medical college, Chicago. In 1879 he was elected president of the Illinois State Homœopathic Society, and two years later was president of the Wisconsin State Homœopathic Society. He was a member of the National Society of Homœopathic Physicians and Surgeons, and the American Institute.

In 1879 he removed to Milwaukee, where he has since resided. He leaves a family composed of Mrs. W. Danforth, De Laskie, Charles O. and Dr. H. W. Danforth, and a daughter by adoption.

DR. WILLIAM OWENS, JR., at the age of thirty-four. Dr. Owens, the son of Dr. William Owens, of Cincinnati, O., died May 9, 1891, at Los Angeles, Cal.

Dr. Wm. Owens, Jr., was a resident of Cincinnati. A severe attack of influenza, from which he suffered last winter, left him in impaired health, and led to his early death. Dr. Owens had been very successful in his professional career, and occupied various positions of responsibility. His loss will be keenly felt by the medical fraternity of his native city.

UNIVERSITY OF MICHIGAN.

The Homœopathic department of the University of Michigan, June 25, 1891, conferred degrees upon the following named candidates:

Azra V. Avery, Sara H. Bostwick, Philip H. Bourne, Arthur W. Burdick, William F. Dean, Harvey E. Flint, Bina J. Hallock, John H. Harvey, Charles W. Kirtland, Emma Klein, Franklin F. Lehman, James W. Losee, Myron A. Patterson, Rebecca W. Rogers, Orlando L. Sutherland, Frank S. Tuthill, Mary E. Van Schoonhoven, Guert E. Wilder.

Michigan State Homoeopathic Medical Society.—Election of Officers.

The twenty-second annual meeting of the State Homœopathic Medical Society closed May 20. with the election of the following officers:

President, J. C. Wood of Ann Arbor; Vice-presidents, H. C. Brigham of Grand Rapids, and A. B. Cornell of Kalamazoo; General Secretary, Harold Wilson of Detroit; Corresponding Secretary, W. A. Polglase of Detroit; Treasurer, H. M. Warren of Jonesville; member of the Board of Control, W. M. Bailey of Detroit.

DR. WILLIAM G. WILLARD has returned to the city, and has resumed the practice of medicine and surgery, at his former location, No. 565 Madison Street.

DR. THOS. L. BRADFORD of Philadelphia has in preparation a unique book. It will contain alphabetical lists of homœopathic books, magazines and pamphlets, also, condensed statements, data and histories of the homœopathic societies, colleges, hospitals, asylums, homes, dispensaries, pharmacies, publishers, directories, legislation, principal books written against homœopathy, and homœopathic libraries, now or at any time existent, in the United States. The doctor deserves the support of the profession in his undertaking.

LACTO-PREPARATA as manufactured by Reed & Carnrick, is destined to become the ideal baby food of the day. Evaporated within a few hours after leaving the udder, sufficient milk-sugar added to make it correspond with breast milk, the casein partially predigested, the whole then perfectly sterilized and placed in hermetically sealed cans, renders it as perfect a counterpart to the breast milk of any we know of.—*The North American Journal of Homœopathy.*

THEY SAY

That a man without hands can never feel very well.

That tact is hypocrisy in its most delightful form.

That where there's a will there's some one to contest it.

That a dead martyr is the only one who is ever canonized.

That we never have spoiled children in our own family.

That the best thing to lay by for a rainy day is an umbrella.

That many people who get ahead too often get the big head.

That the most difficult part of a drinking song is the refrain.

That the clay that is eaten by "clay-eaters" all contains arsenic.

That about two-thirds of what one positively knows, is not so.

That the successful man is the one who manages not to be found out.

That when a man goes down the general verdict is that he has gone up.

That if eccentricity were genius, all mad-houses would be universities.

That the clerk who had been embezzling for a long time finally got it.

That some men who are put to their mettle produce nothing but brass.

That a thermometer at Johns-Hopkins University is valued at $10,000.

That it is now time for the P. of W. to preach a baccaratlaureate sermon.

That women think more of flattery than men do, but they believe less of it.

That the seaside landlords will get your surplus cash if it takes all summer.

That where some people always find happiness they find nothing but fault.

That the man who knows his own mind may not know so very much after all.

That it is eminently proper to speak of cigarettes as the "fouls of the air."

That it takes two to make a bargain, but one fellow generally gets the best of it.

That the best way to prevent suppuration of the breasts is to prevent sore or fissured nipples; breasts do not inflame and suppurate when the nipples are sound.

That there are more than six hundred thousand regular opium-eaters in the country.

That a man's idea of heaven is a place where every one is as good as he is.

That it was a hotel clerk who first said "There is always room at the top."

That cigarette-smoking leads to idiocy, and idiocy leads to cigarette-smoking.

That people who are ashamed of their religion generally have good reason to be.

That death stands at the switch, ever ready to turn the course of human events.

That it would be a kind of a nice world if men would only live up to their obituaries.

That it is surprising how much trouble some people can stand before it gets to them.

That the men who took Jonah's money were the same ones who threw him overboard.

That there is art in drinking wine, but greater art in getting over the effects next morning.

That people who are always wishing for some other kind of weather are getting it this year.

That men would be very wise if they knew as much as their boys think they could teach them.

That some men are born great, some achieve greatness, and some are not worth a continental.

That a man in New Jersey has discovered that a gallows is generally put together with hang-nails.

That you can't tell anything about a man's religion by what he does when he knows he is watched.

That if you should get mad when a rude person runs into you on the street, how you must feel when a locomotor ataxia!

That the two most important events of a man's life are his birth and his death; and yet the one he never remembers, and the other he seldom thinks of.

That the legislature of Missouri is trying to pass a law limiting the fee for a doctor's visit to one dollar; they seem to think that's all it's worth.

That if there is ever a time in life when a man gets thoroughly weary it is when he persuades somebody to get him up a dinner of things he used to like best when he was a boy.

That Philadelphia has organized a society for the purpose of studying the brains of its members after they are through with them; we always were a little suspicious of the Philadelphia variety of brain.

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THE INTERNATIONAL HOMŒOPATHIC CONGRESS OF 1891.

The record of the fourth quinquennial meeting of the International Homœopathic Congress has been made. Its proceedings have become part of the history of our school. The verdict of time will be the verdict of to-day—that it was a great occasion and an unqualified success.

In point of numbers it was the largest gathering of homœopathic physicians—except, perhaps, the Philadelphia meeting of '76— that there has ever been. Five hundred representatives of our school were present.

The work of the session surpassed in importance anything that has been done since the task of publishing the Cyclopædia of Drug Pathogenesy was undertaken by the American Institute and the British Homœopathic Society. The chief feature of the meeting was the attention given to the subject of the homœopathic materia medica. This overshadowed, and took precedence of all else. Its practical results will be felt for many years. In fact, they will never be lost so long as the homœopathic system of the treatment of disease endures. That means, forever.

Aside from this, if there was one thing above another that characterized the meeting at Atlantic City, it was the spirit of loyalty to the homœopathic school, and of faith in its mission, displayed by all. It was in the air. It was expressed and commented upon by many. This feeling was one of pride in homœopathy, of confidence in the stability of the school, and of a determination to strive for and insist upon that full recognition to which, by its merits, it is entitled. As represented by the Congress our school showed a life and vigor that cannot be fully appreciated by those who were not present, or by that careful and industrious reader of THE MEDICAL ERA, "E. D. N."

In special departments much important work was done, to which but brief reference can be made at the present time.

In the matter of medical education, the action taken by the Intercollegiate Committee was in accordance with the traditions of our school—to be not only abreast of the times, but a little in the lead.

Great attention was given to the subject of medical legislation. As a result, the action taken, as expressing the convictions of all, was that our school shall maintain a vigilant attitude, make no concessions, but, when state legislation of any kind is found to be advisable or inevitable, to insist upon it that the homœopathic school shall have equal representation, equal rights before the law, and, in the establishment of boards, a separate board, with exclusive control of the examination and licensing of homœopathic applicants. The sentiment of the meeting was expressed in the following resolution offered by DR. ASA S. COUCH:

Resolved: That the American Institute of Homœopathy though of unmistakable record as to class legislation and on the subject of higher medical education, deems it wise to renew its declarations of hostility to the State Board examining system, especially the single board system, as affording an opportunity for unjust discriminations; that, as consistent with the declaration, it instructs its committee on Medical Legislation to co-operate with the proper authorities in the several States in antagonizing this system by assisting when necessary to secure separate boards; that $100 is hereby appropriated for the incidental expense incurred thereby.

The policy of the various life-insurance companies, in relation to the appointment of homœopathic physicians as medical examiners, was set forth and fully discussed.

As has recently been shown in the MEDICAL

Era, there are some companies that make no discrimination in this respect. But, as revealed by Dr. Cowperthwaite's report, there are many that are not so liberal, and it is the duty of homœopathic physicians, in a spirit of self-respect, to favor those that favor them. In this matter, introduce the policy of reciprocity.

Thus was the Atlantic City meeting characterized by a spirit of aggression, which means simply that the homœopathic school is now large enough and powerful enough to insist upon those things, as rights, which, heretofore, have not been conceded, even as privileges.

The fourth quinquennial meeting of the International Homœopathic Congress marks the beginning of a new era in our school.

OLD-SCHOOL COMMENTS ON THE CONGRESS.

The editor of *The Medical News*, of Philadelphia, is not pleased with the proceedings of the International Homœopathic Congress.

There is nothing strange about this. The International Homœopathic Congress was not held in order to please the editor of *The Medical News.*

The editorial in question is tinctured with sarcasm, and laden with envy, hatred and malice. It finds fault with many minor matters, but recurs, at regular intervals, to the subject of medical legislation. "But the topic nearest the heart ended all—the everlasting one of *medical legislation*," it says.

If the homœopathic school needed any argument in favor of giving zealous attention to matters of medical legislation, it is here furnished. Such cavil, such vituperation and misrepresentation, are seldom exhibited by the most bitter partisans in a political campaign. It behooves us to guard well our rights when they are assailed by those who are so unreasonable, so uncompromising and so unjust.

The homœopathic school will continue to give due attention to matters of medical legislation.

This editor indulges in further criticism because so much attention was given to the "Progress of Homœopathy" in the world, and so little to "the diseases that cause ninety-nine per cent of the deaths in the world." He instances phthisis, diphtheria, typhoid fever, etc.

The editor of *The Medical News* should understand that the progress of homœopathy means the same thing as progress in the treatment of these very diseases. Our success in this direction will already compare favorably with the success attained by the members of the school of which this editor is a distinguished representative. He should know that we are content to pursue our present methods, and leave to him and his colleagues the series of abortive experiments involved in the treatment of phthisis by the insufflation of hydrogen gas per rectum, and the disastrous hypodermic injection of parataloid. We are not jealous of the results attained by these methods, and we cheerfully acknowledge that all the credit belongs to the empirical school of medicine, of which this editor is a distinguished representative.

In his enumeration the editor fails to specify pneumonia. It is well that he does so. If he will examine the recent literature of his own school he will find the frank acknowledgment made, by those high in authority, that their success in the treatment of pneumonia is to-day not so favorable as it was a decade ago. He will find, as the reason assigned, that it is due to experimentation with the synthetic antipyretics, for which there has been such a craze for the past ten years. We would further inform this editor that the homœopathic treatment of pneumonia has always been followed by results markedly superior to those attained by any other method.

In view of these facts we are not jealous of the records made by the old school in the treatment of disease, and are content to labor for the development and "progress of homœopathy."

It is one thing to point out error; it is quite another to convince the one who is in error. In making the following extract from *The Medical News*, we are only calling attention to error; we do not hope to convince. The editor says:

> What, in brief, simple English, are the articles of the Hahnemannian homœopathic creed?
>
> 1. That disease is immaterial, spiritual, its causes not perceptible to the senses, and that no attempt need be made to find them out.

2. That all chronic diseases, except syphilis and sycosis, are due to the itch.
3. That the more you weaken or dilute a drug with water the stronger it becomes, until all that is necessary is simply to smell the most diluted mixture—"even though you have no smeller."
4. That to put out a fire you must add fuel to it—to cure a disease give a medicine that would cause it.

To this the editor applies the term "idiotic drivel," and other choice epithets. These terms would be fairly descriptive of the "homœopathic creed," if this editor were permitted to formulate that "creed." But since the chief fault to be found with the four articles, as given in *The Medical News*, is that none of them is true, the subject may be dismissed from consideration, and the editor may be permitted to remain in his present state of ignorance.

The final paragraph of this very remarkable editorial is worthy of reproduction. Here it is:

The moral of it all is, that to indulge in good-humored contempt of these pestiferous doctrines and doctrinaires, to show them mercy, to be indifferent to them, to compromise and play politics with them, is to be poltroon and renegade in the face of one's duty to science and humanity.

This exhibition of littleness, of bigotry, of wanton ignorance and conceited self-sufficiency, of bloated arrogance and windy assumption, is deserving of, and shall have, our pity, but we reserve our contempt for bestowal upon objects more worthy.

MATERIA MEDICA PURA.

The ERA most cordially congratulates homœopathists the world over upon the success of Materia Medica Day at Atlantic City. As might have been expected, on no other day of the session of tne Congress was there so large an attendance, or so general and keen an interest in the papers read, and in the discussion of them. The papers themselves were of unusual merit, and it was encouraging to see how general is the interest in advancing the science of Materia Medica Pura. The scientific spirit was conspicuous in papers and in discussions. This spirit *alone* should dominate in all work intended to increase our knowledge of Materia Medica Pura.

Still the ERA could not, on Materia Medica Day at Atlantic City, be blind to the occasional evidence that some present seemed not to fully appreciate that drug pathogenesy is a *science* and that it should be dealt with accordingly. In his work of building up the science of drug pathogenesy the homœopathist should, for the time being, entirely ignore his experiences as a practitioner of homœopathy. To attempt in the *practice* of homœopathy to verify a fact in the *science* of drug pathogenesy is, to say the least, extremely hazardous. Our growth in a knowledge of Materia Medica Pura is slow, but it will be satisfactory only as it results from strictly scientific work.

"*THE SCIENCE OF HUMAN DUTY.*"

The most notable address delivered before the International Homœopathic Congress was that of Asa S. Couch, M. D., of Fredonia, N. Y.

Dr. Couch's address set forth, in an able, convincing and forcible manner, not what it is politic for the homœopathic school to do, but what it is its *duty* to do. "The science of human duty" was his text. If, as homœopathists profoundly believe, mankind would be greatly benefited by a substitution of our methods of the treatment of disease for those that prevail on the part of the dominant school, then it is our duty, as those having a divinely appointed mission, to spare no effort that will aid in bringing about, at an early day, this reformation. It is not what we would do, but what we should do, that is alone to be considered. Throughout his eloquent address DR. COUCH never departs from the central thought—that we have not to choose, but have but to act.

If, as DR. TALBOTT remarked, homœopathy is destined to become the prevailing system of medical practice—which we all know to be true—then the sooner this is brought about the better, in the light of the "Science of Human Duty."

Empirical practice is and must remain the same yesterday, to-day and forever. That of the nineteenth century is not in advance of that of pre-historic man.—*Dr. Asa S. Couch.*

The resistance of scirrhus, as its name indicates, is hard and firm. Besides this, its surface appears uneven, rough and nodular to the touch, and in some places the induration is felt to be more marked than in others.

THE DOCTOR TALKS.

"Hello, Doc! Where have you been?"

This question was asked by Ferguson, who met the Doctor at the Union Depot as, with a grip in one hand and a closed umbrella in the other, he stepped from a car of the Pennsylvania train. On hearing Ferguson's greeting the Doctor dropped his umbrella just in time for the man behind him to step on it, grasped Ferguson by the hand, and looked him calmly in the eye.

"Ferguson," said he, "don't call me 'Doc.' I'm no old hulk, and shan't be ready for docking for many years to come. Let the vulgar herd use such epithets, but let us, who know better, raise the standard of medical education by calling a dock a wharf."

"Ah!" exclaimed Ferguson, as the Doctor poked him in the side by way of punctuating his remark, "you touch me in a tender spot."

"Not a boil? I trust," asked the Doctor.

"No, but I had a mustard-plaster on there last night, and the place is still very sensitive," replied Ferguson.

"What a splendid application such a plaster would be for the public conscience!" exclaimed the Doctor. "Then," he continued, "we should be able to distinguish between the quick or the dead. This suggests a thousand things that I should like to talk over with you. Come to the Auditorium to-night and take dinner with me, and we'll discuss the subject until you are tired."

"Thanks," said Ferguson, "I should be happy to accept your very kind invitation, and would do so at once but for the fact that I have something else on hand."

"What?" asked the Doctor.

"My glove," replied Ferguson, as he walked off with one eye closed.

* * *

At this moment I stepped up and asked the Doctor the same question that Ferguson had propounded,

"Where have I been?" repeated the Doctor. "I have been to that bourne whence no traveler returns without the liveliest recollections of the good time that he has had."

"And where might that be?" I asked.

"Atlantic City, which is in the County of Atlantic, State of New Jersey, U. S. A.," replied the Doctor.

"O, so you have been to the Convention?"

"Well," said the Doctor, "I don't know whether I have been to the Convention, or not. I am rather mixed on the subject. Sometimes I think I have, and then again I think I haven't. In all the preliminary announcements that were published in the journals, the affair was called a "Congress." In February, in March, in April, May and June, according to the numerous circulars sent out by the Secretary, one was led to believe that there would be an International Homœopathic Congress at Atlantic City in June. But after I got down there and examined the little blue-covered book, called the *Annual Circular*, I couldn't find the word "Congress" in it; it talked all the time about the International Homœopathic Convention. At the same time, members were strutting about wearing blue badges which, by the language employed, would lead one to suspect that the affair was a Congress. Therefore, as I say, I don't know whether I have been to a Convention or a Congress, to a Congress or a Convention, and what's more, I don't care, for it was a grand affair, I had a glorious time, and I wouldn't have missed it for a thousand acres of sheep."

"What, in your opinion," I asked, "was the distinguishing feature of the meeting?"

"Pardon me," replied the Doctor; "I'll tell you about that some other time."

"You don't mean to say that there was no distinguishing feature?"

"Great Scott, no! The distinguishing feature was pronounced enough—just as much so as Gladstone's nose or Butler's eye. By the way, I have heard that Ben is very fond of his micro-cock-eye, and wouldn't part with his left lateral ptosis if you'd guarantee sure cure or no pay. He is proud of it because it is his distinguishing feature. And that reminds me of something I've forgotten. Come over here and sit down, and I'll tell you all about it."

* * *

The Doctor and I seated ourselves on a bench at the foot of the stairs in Chicago's great Union Depot, with a hurrying crowd about us, and there he told me the story of Atlantic City's great week.

"You must know," he began, "that this Congrevention, or Gresscontion, or whatever it may be called, was a double-barreled affair—a combined meeting of the American Institute of Homœopathy and of—of the other affair. From 9:30 to 10 every morning President Kinne would preside over the deliberations of the Institute, and then President Talbot would take the gavel and assume control of the Congress—which I shall call it for short. This kept things moving in a rapid manner, and a livelier meeting I never attended.

"The newspapers once or twice called the president of the Institute Tykinne. But that was wrong. You can no more tie Kinne in matters parliamentary, or in anything else, than you can tie a billiard-ball into a bow-knot. It can't be done, And as for Talbot, president of the Congress—well, he sat up there in that high-backed chair with all the dignity of a judge of the Supreme Court, and guided affairs in a

manner that met the hearty approval of the multitude.

"But that isn't what I intended to say. I was going to tell you about the incidents attending the opening of the Congress. It was done in this way:

"Promptly at eight o'clock Tuesday evening, June 16, Dr. Richard Hughes, of England, who is permanent secretary of the International Homœopathic Congress, took the chair and announced the object of the meeting. Next, President Kinne made an address of greeting, which was one of the neatest things I ever heard. A very dramatic effect was given to it when, at the mention of Hahnemann's name, the drapery was lifted from his portrait, which hung above the chair of the presiding officer. The reply that Dr. Hughes made to Kinne's address was—what you might expect—perfect! Dr. Hughes is a master of English, and in every sentence that he utters the words are as well chosen and as nicely matched as the pieces of a mosaic. Above all, they are full of meaning. The spirit of good feeling that pervaded the entire seven days' meeting was foreshadowed in the opening.

"The hall was handsomely decorated, the hotel was very comfortable, the table was good, the surroundings were pleasant, the surf-bathing was fine, the weather, for the most part, was delightful, and altogether the Atlantic City meeting was one of the most successful, satisfactory and enjoyable that the profession of this country has ever known. The social features of the meeting were especially pleasant.

One Chicago doctor brightened the meeting by the presence of his bride, whose graces were the subject of remark on the part of all the ladies of the house.

* * *

"What about the other features of the meeting?" I asked. "How were the scientific discussions?"

"My dear fellow," exclaimed the Doctor, "would you have me detail scientific discussions at this hour, in this place, and amidst this surging crowd? Why, pardon me, but it is impossible. Man is a victim of environment. Science belongs to the closet, to an atmosphere that is quiet, calm and undisturbed. But here, in sight and hearing of puffing locomotives, rattling trucks and big bells jangling out of tune, such thoughts are driven from the mind, and one is led to reflect upon the grotesque, the monstrous and the incongruous. No large meeting is destitute of such features. This one was no exception. The kronic krank was there, with his confident smile and his capacity for mischief. You know that at every convention and at every meeting of state or county society there is always one krank who feels prompted to rise and speak to every question. No subject of any kind comes up unless, like an emetic, this krank comes up with it. He keeps the words '*Mr. President*' sitting lightly on the end of his tongue, and they escape from between his parted lips on the slightest lingual effort. His remarks, like kali mucus, are long drawn out. They are devoid of originality, barren of ideas, destitute of corpuscles and serous in their liquid consistency. Everybody is bored, and everybody knows it. And everybody knows that everybody else is bored.

"O, why are such men permitted to exist—in public? Why do they imagine that others are as fond of hearing their voices as they are themselves? Why do they persist in inflicting their dreary level of the common-place upon an intelligent and discriminating audience?

"No, indeed!" exclaimed the Doctor, in answer to an inquiry of mine; "I cannot name him to you. There is nothing personal in my remarks. I am talking of a *type*. Read the 'Transactions' when they are out, and see if you can discover one answering to this description. Maybe you can, and maybe you can't. But you must not confound him with a certain other individual, who will also bear watching. This one belongs to another variety of the freak family. He was there, as large as life, and twice as natural. He tried to run the show. He was frequently on his feet with motions and emotions, which were as promptly voted down. He has been out of the profession for years, and just because the Congress happened to meet in his bailiwick he stepped over one day after dinner, and made himself at home. It would have been all right, and no one could justly complain, if he hadn't made himself so numerous, and acted as if he was godfather to the whole concern. He lacked many things, chief of which was modesty. The worst thing that he did was Friday morning, following Talbot's address on "The Duties and Responsibilities of Homœopathic Colleges as Leaders in Medical Progress." This address was able, timely and carefully prepared. It contained a proposition of great importance, and one worthy the serious consideration of every member of the Congress. The proposition was that the homœopathic profession should make a united and systematic effort to induce the people—those who have means—to contribute to the endowment of our medical colleges, in order to render them financially independent, and thus enable them to increase their facilities, give superior instruction, and graduate men better prepared to care for the health and well-being of the very class from whom the endowments should come. This was the central idea of Talbot's address. You will readily appreciate its importance."

"Well, how did the one who opened the discussion handle the subject?" I asked.

"Handle it?" said the Doctor. "He didn't handle it at all. He walked all around it. He never referred to it. He took advantage of the occasion to puff himself up, to tell what a big man he was, and what big things he had done some forty years or more ago. He talked of nothing but himself and his alleged achievements. He waxed eloquent, and he waxed florid. He spoke of the manner in which 'the waves of lake ery wafted the breezes over the fair city of kayleaveland,' and other truck of a similar character. He apostrophized the 'golden thoughts dug out of the brain' of the young man from the country, but he failed to put any of the fabled 'golden thoughts' into his lengthy discourse.

"This man set his mouth to going, and then he went off and left it.' His talk was cheap, thin and clammy. It was grotesque. But at the same time it was an imposition. Talbot, very thoughtfully, read his paper only by synopsis, in order to give opportunity for discussion of the vital point presented. And this is the way in which the 'leader of the discussion' abused the privilege that was granted him, and granted, moreover, at his own request. The more's the pity! This speaker consumed all the time that could be devoted to the discussion, and it left no opportunity for others to talk to the point of Talbot's address. The man who did this was too full of himself to have regard for the occasion. To speak mildly, it was an exhibition of self-esteem that a man should never display outside the privacy of his own family. It is a thing that would be impossible on the part of any one except an individual who, like the one referred to, has a spinal cord that is nothing but one circumferential column of Goll."

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"O, no," continued the Doctor, on a suggestion from me; "he was not the only *outre* individual present. Chicago made its customary contribution to the collection of kranks. He was there. We are all familiar with his vagaries here at home, and now Philadelphia has had a dose. We know all about his 'tuberculinum,' and his famous 'discoveries' that antedate Pasteur's and antidote Koch's. We know all about his grip-microbe. We all know that he saw, on the slide of his microscope, some minute air-bubbles, which he named microbes. We all know that those air-bubbles had a peculiar appearance to him because of his want of familiarity with the microscope, and his want of an appliance to correct the chromatic aberration of his lens and the chronic aberration of his mens. We all know his persistent efforts to saddle upon homœopathy the stuff that he evolves. We are used to it here at home. But it was rather rough for him to come to the Congress for the purpose of advertising himself and his wares in the outrageous manner that he did. The reports of the daily sessions of the Congress that appeared in the Philadelphia papers were such as to inspire with pride every member of our school. The proceedings were free from anything of a character to embarrass, to call for explanation, or apology. The members of the dominant school could justly find nothing in them to criticize or condemn. But just as we had made this splendid record, along came the Chicago krank, and in an effort to advertise himself, filled two columns with his egregious nonsense—and gave all the credit to homœopathy! Well, everybody was disgusted. One of the oldest members of the Institute, an ex-president, said to me:

" 'It is a shame, Doctor, that these hangers-on should disgrace us in this manner, in their wild effort to advertise themselves. But after the thing is done, there is no help for it. It is a miserable shame!'

"In this I quite agreed with him. At the same time I saw, as he said, that nothing could be done. The krank upset the pitcher of cream. He placed in the hands of the allopaths the very material that they had been looking for. And they have been using it ever since. To them, all the good work of the meeting is lost in this one mass of garbage.

"The subject of formally repudiating the thing was discussed by several, but it was concluded that such action would only result in giving the fellow the kind of advertising that he was after. In a matter of this kind, you know, the more you stir it, the worse it smells. Let him alone. Let him alone with his smile that is childlike and bland. He'll suspend himself if you give him rope enough. Then other societies will follow the example of the one at Kansas City, that dismissed him from membership for cause.

* * *

"And now," concluded the Doctor, as we walked up the broad stairs together to the doorway, where he summoned a hansom, "I have told you all about the inside history of the meeting at Atlantic City. But these were trifling incidents. Too much importance should not be attached to them. These are the things that should be, and will be, forgotten. The rest will, in history, live forever, and form one of the most important chapters of the Book of Homœopathy. What I have told you this afternoon is confidential in its nature, and intended for your own private information. Don't repeat it."

All of which is truthfully reported by

SELAH.

ORIGINAL ARTICLES.

THE ETHICAL BASIS OF THE SEPARATE EXISTENCE OF THE HOMŒOPATHIC SCHOOL.

By ASA S. COUCH, M. D.,
FREDONIA, N. Y.

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TO treat this subject satisfactorily two things are primarily requisite.

The one is a definition of ethics, and how its rules may be justly administered: the other, a comparison of our own with the drug therapeutics or the dominant school in medicine. The last requires a reiteration which may weary you and perhaps provoke criticism, but simply to affirm that medication by one is better than that by another school, is an insufficient premise for reaching the conviction hoped for from this discussion.

An eminent lexicographer has defined ethics to be "the science of human duty." Hence, who would administer thereupon must be himself ethical. He should not only be emancipated from conscious personality, but from all rancor, jealousy and vindictiveness. What is true of individuals is equally true of societies and schools. A school which should formulate decisions within the science of human duty, while uncertain of its own position, or when inspired by passions and prejudices, would place itself in an unfortunate position before the world, and one likely to end in embarrassment, if not humiliation.

Assuming that the members of this Congress are in an opposite frame of mind, attention is solicited to a brief consideration of the origin and present status of the dominant school in medicine.

It is important here to direct your attention to the precise language employed, and the necessity for not permitting the mind to substitute others in the further consideration of the subject. The words used are the "Drug therapeutics of the dominant school;" not its therapeutical measures as derived from the elements or through adjuvants, for these belong equally to all schools. You will also bear in mind that no comparison is intended or can be made between schools in dietetics or the collateral branches of medicine, for these also are the common heritage. It must be strictly confined to the internal administration of toxicological agents for the cure of disease; and in order to develop the subject sufficiently for judgment in ethics, a brief reference to contrasts in such administrations is indispensable.

The mere physical consciousness of some of the plants and lower animals dictates an escape from contact or the solution of continuity. The added consciousness of primitive man endowed him with an ability to seek means and adopt measures for the avoidance of unnecessary suffering, and, if possible, of premature death. What time in pre-historic age elapsed before he sought these means in toxical vegetables and minerals will, of course, remain unknown, but when he did employ them, that it was in the most crude, fanciful and experimental way, there can be no doubt. As he multiplied in numbers, ills accumulated and experiment naturally increased. Some of these survived in tradition, and were afterward recorded in history. This was the beginning, the origin, of "regular" medicine.

On this line of accumulating experiences and observations it proceeded until modified by Galen's enunciation of the doctrine of contraries. From his time it has, within itself, developed no rule or law providing for any certainty in medicine.

Empirical practice is and must remain the same, yesterday, to-day, and forever. That of the nineteenth century is not in advance of that of pre-historic man.

Whether success or failure, life or death, follow the experimental administration of drugs, no logical inference can ensue, for they must follow each other in sequence and lap each other as results.

"Contraria contrariis curantur," does not come to help the matter. It only adds to the uncertainty of experiment the certainty of failure, except rescued by the "vis-medicatrix," or the accident of striking the homœopathic law. To increase peristalsis when deficient, or to arrest it by drug poisoning when in excess; to force or diminish secretions; to accelerate or retard the circulation; to stop all voluntary and many involuntary activities, and demand that it be called sensible or scientific doctoring, is a travesty upon logic, and a caricature of common sense.

In a large majority of instances such practice aborts the very processes by which nature would cure; in all cases, it handicaps her by adding to her burdens and diminishing her power of resistance. Its futility is recognized by sufficiently intelligent and honest authors of the old school. In fact, its own writers have been its most severe and unsparing critics and their denunciations stand unchallenged and unrefuted before the world. Their "Text-Books on Practice" show the reason why.

Opening at random "Reynolds' System of Medicine," a pretentious work in three volumes, published in 1880, I find the following under the "treatment of croupous bronchitis."

"Various remedies have been recommended, but apparently their use has not been followed with much success. During the paroxysm venesection has been practiced; sinapisms and blisters applied to the chest, and various other drugs administered, *viz*, the different sedatives, tartar emetic, ipecacuanha, calomel and opium, alkalies and salines. Inhalations might be of use. In the intervals, Fuller has occasionally seen benefit from the use of tartar emetic, in moderate doses for several weeks. Iodide of potassium and iodine have been employed with success. The alkalies and their carbonates have also been recommended. The health must be maintained and tonics given if necessary, especially if there is any sign of tuberculosis. Quinine, iron, and cod liver oil are often called for."

Now, suppose a practitioner is called upon to treat a case under these directions. He may or may not bleed; may or may not blister; may or may not employ tartar emetic, ipecacuanha, calomel and opium; may or may not follow Fuller in exhibiting tartar emetic in moderate doses for several weeks; may or may not give potassium, iodine, quinine, iron and cod-liver oil; but if he decides to act, he can only do so because certain courses "have been tried," or that other remedies "may be of use;" that others have been "recommended;" that others "may be called for," or because "Fuller has occasionally seen benefit from one in moderate doses for several weeks." Whichever he decides upon, or if all in turn, it will be *secundem artem*. But suppose he meets with failure. What next? He has been reminded that "the health must" at all hazard "be maintained, and tonics given if necessary." This, then, appears to be his only alternative.

Speaking of the treatment of pneumonia, the same work says: "There is, perhaps, no subject in modern medicine which has been more earnestly discussed of late than the treatment of pneumonia. It has been the *champ de bataille* between the advocates on the one side of the heroic measures, and the supporters of a rational or expectant treatment on the other." Now, if one of these fighting hosts represent a practice which is "rational," the other must, as between the two, stand for that which is irrational, or insane. But unless by "rational" is meant the abandonment of drug medication, the distinction is too broad, for the principles of administration remaining the same with both, the just classification on their own inference should be dangerously irrational and less dangerously irrational, and there can be no doubt that the difference justifies contention, if not acrimonious battle.

Remarks on the treatment of pleurisy in the same work embody the following: "The homœopathists have made their fortunes in no small degree by their treatment of pleurisy which has had the one sole merit of being purely negative, and avoiding all destructive agencies." This is a broad and frank admission that patronage turned on its treatment simply because of "an avoidance of the destructive agencies" employed by allopathic physicians. It was because of the necessity of such unholy admissions that another writer, in the intensity of disgust, declared—"The science of medicine is a barbarous jargon—it has done little more than to multiply disease, and increase mortality."

Now, the embarrassment of the situation, to such of our old-school brethren as can be embarrassed, comes from the fact that they have no law by which to proceed in the prescription of remedies, and hence no more actual science than the Indian medicine man, who essays to cure by blowing feathers and beating tom-toms. It may, by some, be thought that this expression is too radical, on the ground that old school practice has greatly improved within the last twenty years. Issue is joined upon any such declaration, if it involves any claim for change in or advance in its theory.

Whatever improvement may have obtained in the old school practice within two decades, has been purely and altogether negative. Through the evolution of mind and the embarrassment of marked contrasts, it has increased its conservatism; and as the result of a kind of intellectual osmosis imbibed from the doctrines, practice and result of a school founded by an inhibited Saxon, it has lessened its doses and diminished its polypharmacy, but in its principle or doctrine of medication, it remains absolutely unchanged. Even the purloinings from homœopathy as embodied in the works of Ringer, Phillips and others have not greatly modified its practice: 1st, because a large majority of its practitioners have no recourse to these works; 2d, because, in so far as they have been successfully adopted it is not their legitimate *practice*, it is that of a slip-shod and very crude homœopathy.

But suggestions thus obtained have in most instances not been permanently relied upon because these plagiarists have assigned no sufficient reason for them. To do so would be to discover their origin. They have, therefore, been set down to be followed in the old empirical way, and when so administered upon, results are not satisfactory. To treat all, or two-thirds of a given number of cases of nausea with ipecac, or colic with colocynth, or of dysentery with corrosive sublimate, would be absurd, and the cultured homœopathist knows why; failures would result, and the student of a sound materia medica appreciates and understands the cause of the failure. An old-school physician has no such knowledge, and he debars himself from obtaining it. Hence, failure with him is of the same kind as that following all of his empirical work, and when it occurs he drops

back upon the routine treatment with bismuth, physic, laudanum and starch.

Now, it is here repeated, not in the spirit of partisanship, but for a purpose, and without fear of successful contradiction from any quarter whatever, that the principle of honest allopathic practice to-day is not one whit in advance of that of pre-historic man, nor in any way changed except by the unfortunate doctrine of the illustrious Galen. It is without any law whatever, and consequently the application of the term "science" in relation to it is a misnomer and a dishonor to the word. Yet, consider the amount of drug that is being poured into mankind and reflect upon the indorsement it receives!

During the last Customs year there were imported at New York, "for medical use, of the aqueous extract, tincture and other liquid preparations of opium, 29 pounds; of morphia and all salts thereof, 16,629 ounces, and of crude opium containing nine percentum and over of morphia 233,655 pounds." This is only one port of the United States, and contemplating its vast periphery with Portland, Boston, Philadelphia, Baltimore, New Orleans, San Francisco, Portland, Ore., and intermediate cities unconsidered, what must have been the aggregate cast upon our shores? Time will not permit a sufficient analysis of this matter, but I may ask you, who know what its curative application is and in what doses it is effected, to consider, except in proper palliation, or by those who have acquired a horrible habit through its abuse as a medicine, how the rest of the vast amount has been or will be employed!

Man is but a system of reflexes. All his physical and mental being lies between sensation and motion. Either in health or disease, to embargo the one is to arrest the other. And this, except under law to cure, is what by scientific (?) application this opium—or its salts—has been or will be doing throughout the land; masking disease, lessening healthful resistance and deceiving the unfortunates who have trusted themselves to the tender mercies of an arrogant and self-sufficient school. And still it is believed that the practice of this school has been greatly modified and improved! Look at its contrast with that of another in the recent epidemic. During a given time, the present spring, the Registry of Vital Statistics in the city of Buffalo recorded the certificates of death from pneumonia, bronchitis and la grippe as numbering 70. Of these sixty-three were of allopathic and two of homœopathic physicians. Of the old school there are 300, and of the new school 60, physicians in that city. Multiplying the number of deaths under homœopathic treatment by five to keep the proportion just, and the result is as ten to sixty-three.

Inquiry since made at that office develops the fact that, extending the time for comparison would bring out a contrast even more startling and suggestive. A similar discrepancy in epidemics, in dysentery, cholera, yellow-fever, and other diseases has been shown all along the line since Hahnemann's time, and what does it prove, and what does it not prove? If, as the writer in Reynolds' System of Medicine would have it, homœopathy only represents the negative of "avoiding the use of destructive agencies," it proves that ignorance alone can be protected from their future employment, and prevent that from being termed calamity which otherwise should be called a crime.

Gentlemen, a hundred years ago there was born into the world one who afterward became a scholar, physician, logician and philosopher. He had character enough to scrutinize and analyze that which he was commanded to do with poisonous drugs, and sense sufficient to hesitate before doing it. Here was an intellectual soil, from which was to burst the flower of hope for suffering man. Accident sowed the seed, a cerebrum of quality nourished its growth until it developed into the fact that, in medicine as everywhere else in Nature, like forces properly adjusted in opposition will destroy each other, and this fact developed into a practice which to-day, properly or improperly, you represent as the "New School in Medicine."

I am not weak enough to stand here and declare that this school embodies an absolute science in therapeutics. No school which ever may or can be founded will do this. And why? Because intellectual consciousness places man beyond the reach of mathematical exactness. His activities result from sensations impinged upon brains of all qualities and powers, diverted and revised by all manner of pre-existing molecular records. Hence, no two persons will move in exactly the same way, or stop at exactly the same point. But they can develop a chart of drug action upon the healthy and apply it on behalf of the sick, under Hahnemann's law, which in a majority of instances will amount to certainty of cure, and in all with the assurance of doing no harm because poisoning is insured against by the methods of practice under that law.

The fully prepared practitioner in this school does not guess; he does not experiment; he does not deliberately set to work to make his sick client sicker. The law under which he shall proceed is one in nature, and results obtained, in exact application, will be unequivocal and absolute.

When an epidemic appears he does not grope in the dark and try experiments unto the death of thousands. Given the symptoms in advance

he can even foretell the remedies which will successfully grapple with a coming scourge.

Here then, I rest. I have perhaps with insufficient elaboration contrasted the two schools in medicine, and find the therapeutic methods of one devoid of danger to the sick and adapted to comparative certainty in the application; those of the other without law, and consequently fraught with menace to mankind. On showing can there remain any doubt as to the ethical basis of the separate existence of the homœopathic school? In the administration by its followers upon the science of human duty, have they any alternative but to strengthen, develop and advance it in all proper and legal ways? In my judgment, it shall not be enough to neutralize the assumptions and object to the aggressions of the old school; not enough simply to declare that it shall not hide or destroy the magnificent contrasts of our public institutions; not enough to resist its insolent attempts to take the management of our affairs into its own hands. Will some one tell me by virtue of what right or justice the homœopathic school submits to the imposition of many insurance companies in the exclusive appointment of examiners from the old school? The same as to pension examiners, in relation to whose appointment the Government is almost equally, if not more, exclusive. Does the new school by its quiet submission in this matter admit, by implication, that only old school physicians are qualified for examiners? It has that appearance before the world. And since the general Government has been referred to, will some one explain by virtue of what right or justice homœopathic physicians are rigidly excluded from the army and navy? If there is a favorable con trast in medication affecting the schools, should the soldiers and sailors, especially if they have homœopathic proclivities, by law and the insufferable arrogance of the medical corps of those two departments, be denied the benefit of it? Here, as everywhere else, "possession is nine points of the law," and this possession practically gives the appointment of every commission the power to fill every vacancy and every new position of trust in the medical enginery of Government. Even now that school is seeking to enter the Cabinet. It has moved in national convention for a national "Secretary of Health," and it will exert all its powers and all its arts to secure it. No matter if the homœopathists as a matter of propriety would consider such a result a *non sequitur*. A representative of those who give "soporifics," "antipyretics" and "anodynes," in the arrest of that vital play whereby nature battles against disease, will, if the old school can accomplish it, be placed in that position, while those who have a law of cure will be still more certain and contemptuously relegated to uninfluential obscurity.

Again, will some one enlighten me why in the strong homœopathic States of Pennsylvania and Ohio and Illinois, homœopathists have no greater participation in institutions supported by public charity? Immense wealth, in each and every one of these States is represented by those who employ our system, and yet the old school, in the most serene and confident manner, as though it had a lien upon them somewhat after the divine right of kings, gathers in and controls these charitable trusts.

The homœopathic profession appears to be insensible to the fact that every assumed superiority unprotested, and every important position appropriated by the old school, holds prestige for that school and casts the shadow of unequal value upon its own. Because of this, its members, if they are honest seekers for place in the science of human duty, should traverse the line of indifference or resistance, and enter upon that of aggression. Not because they want places; not because they love power; not because they seek aggrandizement; but because to a world unwittingly submitting itself to false medication, they have been intrusted with a mission, and should act becomingly as embassadors representing so important a trust. It is a question of truth against error, right against wrong, justice against injustice. To rest upon the abstract impregnability of position, is not enough. Without working representatives, those having the courage of their convictions, to wrestle with the ignorance which it succeeds, no evolution would take place. It would topple on the crested wave of cowardice, and in dishonor die.

Shall it be said that the old school is too strongly entrenched, and that the people of the land are not sufficiently developed to receive that gospel of truth? Even if the fact remains, such a declaration would be effeminate, as it would cover a surrender that would be puerile. If sincere homœopathists and honest men shall adopt for their platform the "science of human duty," what though they may be driven back once—twice,—thrice, upon the battle line? Every contest will be a school, each engagement an education of the masses.

Look at a few of the instances of justice and valor rewarded. A charity hospital was asked for in the city of New York and refused on the ground that the school did not represent sufficient taxable property. It was demonstrated from the tax-roll of that city that more than one-half of the taxable property of Manhattan Island was represented by those employing the system, and the result was secured, coupled

with this statement to the speaker by Commissioner Cox, that the board was "afraid more would be demanded."

A similar experience was had in relation to the asylum at Middletown, now conceded on all hands to be the best in the State, if not in the world.

Under President Grant, a sturdy allopath, the old-school Commissioner of Pensions began discharging examiners who had the courage to affirm their belief in and practice of homœopathy. The matter, on its merits, was brought before the President, and the next head that went into the basket was that of the Commissioner, M. D.

During the war, the examining board in the State of New York, would *recommend* for commission *none* but allopathic surgeons. Dr. Hill of Utica, and of blessed memory, passed the board and received his certificate, but when he presented a diploma from the Homœopathic College of Pennsylvania, it refused him an appointment. Backed by members of the State Society, he referred the matter to Governor Morgan, upon whose orders he was immediately commissioned, to avoid an uncomfortable alternative. Witness the persistent and heroic struggle for position in the University of Michigan. Under the unequaled leadership of the indefatigable Sawyer and Eldridge, the battle was finally won, and for many years the school has stood equal before the law, in that great institution of learning. Nourishment for the dissemination of its principles, and the maintenance of its cause, has been drawn from the State—as by right it should be in all the States and largely owing to the example, it has now departments in two other State universities.

It took seven years to achieve the victory over the old school won last year, in the State of New York. In six legislatures it had sought to wrest from homœopathists their civil and vested rights, and to take into their own keeping the management of their affairs. When the seventh convened, the new school turned from resistance to aggression, and out of a total vote in both branches it won by 150 to 10. Do not for one moment suppose that this represented the proclivities of members or that the immense discrepancy, and the approval of the Executive, was owing to our political influence. One moment's reflection upon the difference in numbers of the two schools, and the position of power and emolument held by them, will convince the most skeptical to the contrary. Backed by the generosity of members of the State Society, because it was of the justice of our cause presented through imperturbable diplomatic and unflinching fidelity that this great example was wrested from the Philistines, to cheer the hearts and strengthen the hands everywhere of those who shall embark upon and assist in developing the science of human duty.

And now, standing in the presence of the sacred duty devolved upon us, and of the encouraging examples just rehearsed, what is the decision? What the resolve? If against wealth, numbers, position, influence, we have in almost every instance when we have joined issue with the old school come off victorious, can there remain a question as to the duty of every honest homœopathist in the land? When the American Colonies, for principle's sake, were struggling against the greatest power in Europe, their Ambassador to the French Republic emitted the epigrammatic declaration—"Millions for defense—not one cent for tribute."

The homœopathic school should adopt a more radical rule. It is not enough that it established its independence—it ought, because of the divinity of its mission, to capture the world. It would be puerile to believe that this could be accomplished by an abandonment of title and a repudiation of creed. It would simply amount to being submerged without recompense, and to sacrificing identity without reward. Those—if any there be—who are unwilling to wear the badge of a better dispensation, who are lusting after the prestige of the old school, are of doubtful regeneracy, and ashamed disciples have no place in the camp of reform.

All just homœopathic physicians recognize and declare their duty at the bedside of the sick to be that of conscientiously ruling according to their highest culture and intelligence without passion or prejudice. But they fail to conceive how a concession to arrogant demands, in order that the lion and lamb may lie down together, to the mitigation of the ferocity and the nourishment of the lion, will benefit mankind. In the light of its onerous but honorable duty the homœopathic school cannot see profit in making obeisance to calamities.

If not for its simple confession of weakness, to entertain the subject of union with the old school, while it has not yet officially recognized the law of similars; while it still refuses to acknowledge homœopathic physicians as preceptors in medicine or the tickets of such colleges as the equivalent of a course of lectures—to falter in or abandon our position when that school is seeking legislation in every State under the public declaration of its leaders that once secured "sects in medicine will be destroyed," would be not only to surrender every element of respectable manhood, but to indecently disavow what we have professed as believers in the law of Hahnemann.

That the world, to-day, is in the hands of the old school, none will deny; that its millions are paying the penalty for it, none can disprove.

The one should not discourage, the other should inspire, sincere followers of Hahnemann. If at this time that school should disappear from the world, giving its inhabitants the alternative of medication under his law, would there not be less sickness and mortality than now prevail? This is a question to be answered by every homœopathist. He has nothing to do, as between good and evil, with the intricacies of evolution. If his answer shall be affirmative, there can be but one course before him as a benevolent and honest man. With the world against him, with expatriation as a result, Hahnemann did not falter. And what is the fruition of his example? That example should be the scripture of our adoption, that fruition—of which this International Convention is a part; but, on account of numbers, of footholds obtained, of advantages secured, capable of being increased a thousand fold—should embody a commandment not to be disobeyed: Duty, Duty, Duty, should be inscribed all over the simple creed—

"SIMILIA SIMILIBUS CURANTUR."

Duty to organize and to maintain organizations in instant readiness for resistance or proper aggression; duty to subordinate modesty and profit when public positions may be secured which shall conserve the interests of the school; duty to abate the advocacy of personal views against the will of earnest and honest majorities that influence may not be impaired by exhibitions of internecine strife; duty to repress conflicting personal interests and ambitions as unworthy, and interior political methods as unwise; duty to educate the public mind against empirical practice and the masking of disease through the physiological power of drugs; duty to patronize and pay for the journals of the school, that their influence may be extended, and their ability to assist in reciprocal development increased; duty to support colleges and other institutions that they may be assisted and encouraged to do increasingly better work.

An earnest attention to these and many more we owe to ourselves in vindication of our character, and, if called upon, that we may produce the sponsors of our baptism and confirmation in the new faith; we owe it to each other that, in the sacrament of communion individuals may be strengthened for priceless work; we owe it to outstanding commonwealths where disciples are few that they may point to results in enlightened and more favored States; we owe it to our brethren in foreign lands, where conservatism almost amounts to fossilization, that, by observation and contrast delaying evolution there may be re-invigoration and advance; above all, we owe a thorough discharge of these duties to mankind, that it may receive the benefits to be derived from sterilizing error and an abundant procreation of the truths of health-giving law. To do this most effectively, we must, as individuals, purge from our lives all taint of personality, affectation of superiority, and uncharitableness.

We must be thoroughly imbued with the high importance of our mission, and pursue it only in the spirit of justice and benevolence.

Standing before the world in this wise, exalted in the forceful and honorable character thus derived, we shall occupy a position like that commanded by Him whose inculcations of love and mercy are blessing the world—"Let your light so shine before men that others, seeing your good works, may follow them."

EPILEPSY AS A HYSTERO-NEUROSIS.

By JAMES C. WOOD, A. M., M. D.,
ANN ARBOR.

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THE term hystero-neurosis, in its restricted sense, implies the uterine origin of symptoms manifesting themselves in organs remote from the uterus, without structural change in such organs, being the direct result of reflex nervous influence starting from the uterus. By common usage reflex symptoms of ovarian origin are also defined as hystero-neuroses, although the term oöphora-neurosies would more correctly indicate their origin.

If it be true that disorders of the rectum or any of the pelvic organs, outside of the utero-ovarian sphere, produce reflex symptoms—and the evidence that they do is incontrovertible—it is obvious that the foregoing definition is too restricted. Nevertheless, it is quite comprehensive enough to meet the requirements of this paper. My object is to present upon their merits three clinical cases of epilepsy which, in accordance with the definition given, were hystero-neuroses.

Realizing that the neurologist and the gynecologist are not of one accord concerning the importance of pelvic lesions as causative factors in the production of nervous symptoms and especially of epilepsy, I desire to premise the clinical reports with a few general considerations.

The so-called neuroses are but just beginning to receive the attention which, from their importance, they deserve. Those of the genital system constitute but a single group of that varied conglomeration of symptoms which may have their origin in any organ of the body. Flint has called attention to the cardiac neu-

roses, and to Dr. Pratt we owe much for his work in the rectal reflexes. The nasal and bronchial neuroses, as well as the ocular, are now receiving due attention. It is well known that, under favorable conditions, the slightest derangement or modification of function in a sensitive organ, so slight as to attract no attention to that organ, may, to use the simile of a well-known writer, cause distant organs to respond most violently—as the alarm-gong responds to the tap of a distant button.

The sympathy existing between the stomach and the brain is well known, and the one will quickly respond to any disturbance of the other. It may be impossible to overcome reflex asthma and so-called hay-fever without directing attention to the hypertrophied posterior nares or the nasal mucous membrane. We are told by the oculist that certain obscure nervous symptoms and even epilepsy may be due to errors of refraction. As gynecologists we know that an anal fissure will cause not only most exquisite pain at the seat of the lesion, but may disturb the whole vaso-motor system, giving rise to the most irregular distribution of blood in various parts of the body. I myself have seen a most obstinate reflex paraplegia disappear only after curing a urethral fissure. I cite these well-known clinical facts simply to show that the urino-genital sphere is only one of many capable of impressing the organism most profoundly in a reflex way; and the absolute necessity of studying the organism as a whole in looking for reflex causes, particularly when dealing with so occult a disease as is epilepsy.

THE DIAGNOSIS OF HYSTERO-NEUROSES.

The most weighty diagnostic evidence in determining the existence of a neurosis is the absence of structural changes in the organ or part involved. Unfortunately even learned and experienced diagnosticians cannot, for instance, always differentiate between vaso-motor disturbance and slight inflammation, or between a reflex epilepsy and one due to organic disease of the nerve-centers. Englemann has so admirably summarized the essential diagnostic points that I quote from him in full:

1. *A neurosis is probable, and may be suspected—*

(*a*) By the existence of violent symptoms without corresponding pathological changes or febrile reaction;

(*b*) By the existence of lesions, uterine or ovarian;

(*c*) By the failure of proper remedies to afford relief;

(*d*) By the aggravation of symptoms in the afflicted organ corresponding to exacerbation of uterine diseases.

2. *A neurosis is proven—*

(*a*) If symptoms are not aggravated by causes which are known to aggravate existing pathological changes in the organ affected. Thus, the use of indigestible food will not aggravate a gastric neurosis, whilst the most violent symptoms may appear in response to a diet which would seem indicated in disease proper.

(*b*) If the symptoms are aggravated by causes from which exacerbation of uterine diseases may be suspected.

(*c*) Improvement of symptoms upon treatment of uterine or ovarian disease regardless of any interference with the organ in which the neurosis appears.

(*d*) By a cessation of symptoms upon improvement or cure of uterine disease.

An attempt to apply the foregoing rules to the subject of this paper suggests the query: Does epilepsy ever occur as a hystero neurosis in the sense in which the term is here used? From present data accurate deductions cannot be made, and dogmatic statements are unsafe. There still remains a large field in the realm of the reflexes which is as yet unworked, and within this field lies epilepsy. I think that there is a pretty general consensus of opinion among both neurologists and gynecologists that epilepsy may and does occasionally arise from lesions of the ovaries and the uterus. However as regards the possibility of curing an epilepsy thus caused by removing or curing the offending organ, there exists the greatest difference of opinion, even among gynecologists. I am compelled to admit that the sum total of cures resulting from radical operations upon the genital organs for epilepsy is not encouraging. I contend, however, that the discouraging results are due to a lack of knowledge in selecting suitable cases for operative interference.

The most important distinction to be made between a true central lesion and a ganglionic reflex is the unfavorable prognosis of the one and the favorable prognosis of the other. An accurate diagnosis is, unfortunately, often impossible before an operation or before treatment has been resorted to. It is owing to this fact that we are unable to select reflex epilepsies with unerring certainty. We are led to suspect the utero-ovarian origin of epilepsy if it recurs at each menstrual period and if we discover actual disease of these organs, but we cannot be positive until the offending organ is removed or restored to a normal condition. Even then that which, for want of a better explanation, we designate as "habit" may have so impressed itself upon the nervous centres as to continue operative after the primary lesion is overcome; or, the irritation of a nerve fibre may con-

tinue even after the diseased organ has been removed. In this there is nothing remarkable, since similar phenomena constantly occur under other circumstances. Thus, menstruation will sometimes persist in a vicarious form long after the entire uterus and its appendages have been removed; an epilepsy undoubtedly due to a depression of the skull will not always cease after the condition of depression has been remedied; and an imaginary pain will recur in a foot after the limb has been amputated for years. The first two illustrations are examples of "habit;" the last, an example of the continuance of irritation by the compression of terminal nerve fibres at the point of amputation. And so, it is reasonable to believe, an epilepsy primarily due to utero-ovarian lesion may be perpetuated, even though the original lesion be cured, or the offending organ removed.

It is this element of uncertainty which causes gynecologists and neurologists to look with distrust upon the removal of the appendages for true epilepsy. But it must be borne in mind that in this instance, we are dealing with a disease whose pathological findings are both uncertain and variable. Different investigators working along the same line have come to as many different conclusions. One has declared that in epilepsy the weight of the brain is increased (Echeverria), another that its weight is diminished (Meynert); and still another that there exists an unequal proportion of the two hemispheres. Again, dilatation of the vessels of the superior portion of the cord; aneurism and atheroma of the bloodvessels; sclerosis of the cornu-Ammonis; anæmia of the brain; an increased quantity of the cerebro spinal fluid; tumors and thickening of the meninges of the brain; great redness and vascular tension in the fourth ventricle (Schrœder van der Kolk); alteration of the pineal gland; abnormal thickness and abnormal thinness of the cranial bones; and fatty degeneration of some portion of the medulla oblongata are some of the many changes found, *post mortem*, in epileptics. Indeed, the changes recorded by pathologists are so various that it is utterly impossible to construct an explanation of the paroxysms upon such a basis.

There yet remains a by no means insignificant number of cases in which neither the foregoing nor any other morbid lesion, discoverable even by the closest scrutiny, exists. In all nervous affections characterized by paroxysms, attacks or fits of any kind, the essential feature is, according to Brown-Sequard, a morbid increase of the reflex excitability, the symptomatic manifestations depending upon "what nerve cells are altered in their vital properties." It has been pretty conclusively proved that there is no constant *seat of epilepsy;* and it is not unreasonable to believe that irritation in any peripheral part of the nervous system may so irritate the cells at the base of the brain or the upper part of the cord, or both, that in time their nutrition will become so altered as to create a morbid excitability. This is about the extent of our actual knowledge of epilepsy. The changes in these cells are more dynamical than physical, and the most powerful microscope has not yet revealed the difference between those which are perfectly normal and those which possess great morbid reflex power. (Brown-Sequard.)

Both clinical observation and experimental research tend to show that these cells are located chiefly in the base of the brain. The fact that the early symptoms of an attack of epilepsy may be in very different parts of the body shows that the location of these cells must be variable. If this observation suggests anything it suggests the possibility of the most diverse forms of peripheral irritation exciting epilepsy. This theory is in perfect harmony with clinical observation. During the last year a case of reflex epilepsy has been recorded in which the attacks occurred once or twice a week, which was completely cured by the removal of a shoe-button which formed in the left cavity of the nose the nucleus of a large rhinolith.[1]

Dr. W. C. Ayers of New Orleans, records a case of *petit mal*, with concomitant asthma, in which all symptoms were relieved by curing septal and turbinate hypertrophies, seated far back.[2] Many cases of epilepsy and convulsions have been cured in male children by circumcision. Literature abounds innumerable instances of epilepsies caused by injuries to nerves and organs distant from the brain. I submit that in the light of the array of clinical evidence now in our possession we are justified in believing that irritation having its origin in the uterus or the ovaries may, under certain circumstances, excite epilepsy; and if we can detect such irritation and remove it, we may cure the disease, providing irreparable damage has not been done to the nerve centres. It is in proof of this proposition that I present three clinical cases of my own. With the exception of the first, none has been absolutely cured but all have been immeasurably benefited. The time that has elapsed since the operations were performed in the several cases—two, four and five years—tends to show that the benefit is permanent.

Case I. *Epilepsy Mitior (petit mal) cured by operating upon the cervix and perineum.* Mrs.

[1] *Medical Record*, July 21st, 1890.

[2] New Orleans Medical and Surgical Journal, Oct., 1889

C. aet. 26. Patient of Dr. E. F. Chase, of Dexter, Michigan. Married, and at the time of consulting me was the mother of two children. For nearly eighteen months before coming to me she suffered from frequent attacks of *petit mal*, always worse during the menstrual week. While engaged in conversation she would suddenly pause, in the most unaccountable manner, in the middle of a sentence, the expression becoming perfectly blank; in a few seconds she would again resume conversation, being conscious, however, that there had been a break in the continuity of thought. Automatic action was also interrupted, and if walking she would stop during the unconscious interval. She suffered much from a dull, heavy occipital headache with depression and great irritability. Her memory was more or less impaired. Family history good. There was menorrhagia with dysmenorrhœa and leucorrhœa.

Upon making a local examination I found a stellate cervical laceration, with subinvolution and much tenderness. The perineum was torn down to the sphincter muscle and the vaginal walls were likewise subinvoluted. I repaired the cervix and perineum in the usual manner, after which the attacks of *petit mal* became less frequent. Six months after the operation she reported herself a "new woman." Four years after there had been no recurrence of the symptoms notwithstanding the fact that since the operation she had given birth to a third child.

Case II. *Epilepsy of six years' standing greatly relieved by removal of the appendages.*[1]—Miss J. D., aet. 23, Harrisville, Pa. Mother died of phthisis three years ago, at the age of fifty. Father living, aet. 75. When nine years of age she sustained a fall, striking on her left side, since which time there has been great sensitiveness in the left ovarian region. Menstruation became regular at fourteen, and although unusually nervous, nothing like epileptic paroxysm made its appearance until she was seventeen years of age. These attacks gradually increased in frequency, so that during the three years preceding the operation she had on an average two or three every night.

On October 23, 1887, through the instrumentality of Dr. M. B. Snyder, she came to our college clinic for relief. At this time her general health was fairly good; she slept and ate well, and the digestive and urinary functions were normal. If it had not been for the nervous paroxysms and the pain in the left side, she would have considered herself quite well. The attacks, usually nocturnal, were preceded by an ovarian aura. There was a feeling as if the left ovary were grasped and squeezed. This peculiar sensation extended up the left side of the body into the head, when she was compelled to sit down and lost entire control of herself so far as voluntary motions were concerned, but never became unconscious. If the attacks were unusually severe there was pain in the vertex; they were somewhat more frequent just before and during menstruation. The tongue had never been bitten, nor was there any history of an epileptic cry. The patient brought with her a bottle of bromide, and was profoundly under its influence; while modifying the severity of the attacks the drug had no perceptible effect upon their frequency. The memory, much to the patient's horror, was becoming seriously involved, and the besotted condition of the face, together with a peculiar anxious look, indicated conclusively the natural tendency of the disease. A local examination showed both ovaries to be enlarged, and exceedingly sensitive. Pressure upon the left ovarian region would precipitate a convulsive attack, during which the limbs would become straightened and rigid, the hands clenched, the teeth set, and the eyes rolled back. The face would become more or less congested, but there was no frothing at the mouth. The attack would not last over thirty seconds. Unfortunately no opportunity presented itself to resort to pressure in an attack not thus induced.

The case seemed one eminently appropriate for operative interference. The trouble dated from an injury, and there could be no doubt that an ovarian lesion, and a serious one, existed. It is true, the paroxysms were not particularly aggravated during the menstrual period; yet a test, to my mind far more conclusive in demonstrating the connection existing between the ovarian lesion and the paroxysms, was present, namely, the ease with which one could be induced by ovarian pressure. The patient was for a month placed under the indicated remedy and proper local treatment, including galvanization, but only grew worse. She was very impatient to have an operation performed, having come several hundred miles for that purpose. With more indefinite local lesions I should have declined to operate without further efforts with constitutional and local measures. Under the circumstances, however, I performed double salpingo-oöphorectomy on November 21st, 1887, in the usual manner. Both ovaries were about three times their normal size, and both full of distended follicles, the result of cystic degeneration. Hydrosalpinx was likewise present on both sides. Why, with the right ovary and the tube implicated in the pathological changes quite as much as the left, the pain should be entirely confined to the left side, is a problem for our neuro-pathologists to solve. It

[1] Medical Counselor, June, 1888.

is hardly explicable upon an anatomical basis. A change for the better seemed to come over the patient almost as soon as she regained consciousness. Her face was brighter and that terribly besotted look had disappeared. There was hardly an elevation of the temperature until the seventh day, when it became slightly increased, owing to a delay in removing the abdominal dressing. No paroxysms took place until the third day after the operation; none again for a week, after which they recurred at lengthened intervals until December 29th, when she left the hospital, the longest interval being fourteen days.

Improvement in every respect, was of the most decided character. The day before starting upon her long journey home and unbeknown to the hospital attaches, she went out upon a prolonged shopping expedition and became very weary. That night she had a paroxysm, and upon her return home had two or three more in frequent succession. A letter dated February 25th, 1888, the last received from her, stated that the attacks recur but once a week. Through a mutual acquaintance I have just learned (May, 1891) that the attacks rarely recur, are almost imperceptible when they do recur, and that she is supporting herself by hard work.

Case III. *Epilepsy of fourteen years' duration greatly relieved by removal of appendages.* I shall record this case in the language of my former assistant, Dr. V. D. Garwood, whose patient she is: "The patient, Miss R., aet. 45, is a woman of unusual intelligence, born of German parents. She lived in a quiet borough of pronounced religious influence, inheriting, especially from her father, who ranked high as a scientist and musician, a sensitive, nervous system, and pressed by him to the farthest limit in her education; on the other hand she was brought up in the Median and Persian routine of German housewifery. When dysmenorrhœa appeared it was regarded as too trivial for treatment, until epilepsy developed.

"As a child she was healthy until eleven, when she had scarlet fever, and for years after was subject to enuresis. Pleurisy followed some time after scarlet fever. About seventeen, eczema upon the hands appeared, lasting nearly a year, which was cured by outward application.

"Between eighteen and twenty years of age, she suffered frequently from asthma which appeared every July. While engaged in teaching a year or two later, a violent attack of acute pain and cramps in the stomach occurred, followed by a jaundiced condition. This attack was supposed by the physicians in attendance to be due to a round perforating ulcer of the stomach.

"From that time until twenty-nine years of age she seemed to be in fair health, with the exception of dysmenorrhœa, to which no attention was paid. The first spasm—a very slight one—occurred in August, 1875. These continued during the fall, and were accompanied by an unpleasant noise in the head. She did not fall or lose consciousness; the slightest sound was increased to an unendurable noise in her head. Her attendants approached her on tip-toe to give her drink or to fan her. Toward Christmas of that year the unconscious attacks began at night, with the *petit mal* during the day.

"At this stage of her trouble the most eminent physicians of Philadelphia were consulted—Drs. Weir Mitchell, Goodell, and others. After some time the mania epileptica developed, this, however, after the discontinuance of the bromides. In April, 1885, she had an attack of acute rheumatism, in which hyperpyrexia was marked. After this there was complete exemption for six months from the nervous attacks, but overwork and intense strain upon the emotions brought them on again with renewed violence.

"She came under my care in August, 1888. For the preceding year one week of each month—her menstrual week—had been a perfect blank to her owing to the frequency of the paroxysms. She had often bitten her tongue and had injured herself severely by falling. Observing that the periodicity of the attacks was that of the catamenia, I consulted Dr. J. C. Wood, who, in May, 1889, performed salpingo-oophorectomy. From that time until August there were no spasms. In October there was a severe outbreak, but since that time until January, 1891, only slight attacks every two months, with excellent health in the intervals. She has returned to society and to her literary work. Her memory is being rapidly restored and she enjoys life as never before since her illness."

In this case I found great tenderness of the ovaries but no perceptible enlargement. After removal they were examined by Prof. Heneage Gibbes, the pathologist of the University, who reported "hyaline degeneration," a rare affection of the ovary. Certainly if such a thing as a "menstrual epilepsy" exists, this is a case, and under the circumstances I had no hesitancy in removing the appendages. She came to me after passing through the hands of some of the ablest physicians of both schools, and I knew that all ordinary resources had been exhausted.

Out of a goodly number of epileptic women applying to me for relief these three cases are the only ones upon whom I have deemed it

wise to operate. I am fully aware that the utmost care must be used in selecting operative cases. Clear and definite evidence should be had connecting the disease with disorder of the sexual function. I am fully aware also that the greatest difficulty presents in obtaining such evidence, because even the most expert diagnostician may be unable to detect an ovarian lesion without the aid of the microscope. Again, the extent of the disease is hardly a reliable criterion upon which to base the necessity of operative interference, for we know that a slight amount of disease will in one woman produce serious reflex symptoms, whereas, in another, most extensive lesion will produce no disturbance whatever. It is necessary, therefore, under all circumstances in dealing with reflex neuroses, to recognize *types* of constitution as well as the character of local lesions. Indeed, in descending the pathological scale, a point may be reached where instead of actual disease there is simply functional disturbance which must be recognized as a causative factor. I believe, however, that we are rarely justified in removing the appendages unless there is pretty conclusive evidence of local disease. If such evidence be forthcoming, if the fits are intimately associated with the menstrual function; if the aura starts from the ovarian region; if there are no evidences of serious disease of the nerve centers; if the health and mind are failing and the patient rapidly approaching a state of chronic invalidism or insanity; and, above all, if all ordinary measures have been exhausted and internal medication faithfully tried, are we not justified in resorting to any reasonable measure promising some hope of relief?

THE PRESENT RELATION OF ANTISEPTIC METHODS TO SURGERY.

By HORACE PACKARD, M. D.,

BOSTON.

[A paper read before the International Homœopathic Congress, Atlantic City, N. J., June 16-23, 1891.]

Let us now examine antiseptic surgery from the standpoint of surgical pathology and practical experience.

First—What facts are there to substantiate us in the Listerian principle? (i. e. that wound suppuration is always the result of bacterial infection.)

It must be borne in mind that practically nothing was known of modern bacteriology at the time Lister adopted his principle of wound treatment. It was a theory then, and has since become a principle, by the multiplication of substantiating facts.

Klebs, Ogston, Rosenbach, Passet, Sternberg, Osler, Councilman, Ernst, Park and many others have found microbes invariably present in wound suppuration, and have cultivated them artificially until the various kinds (and they are many) are as well known as the shrubs upon our lawns.

Garre, Fehleissen, Brockhardt, Brumm and Cheyne have injected these microbes into both animals and man, and in every instance where any considerable number were introduced, suppuration followed without exception.

*That the pus microbes are the immediate and essential cause of suppuration, inflammation and pus formation has been well established by clinical observation and experimentation.

†While throughout these lectures and without evasion, we have taken the position that *there is, clinically, no suppuration, without the action of micro-organisms* we must also insist that this expression is not intended to imply bacteria alone, since such other living organisms as that of actinomyces, several of the molds and the amœboid organisms recently described by Oster can produce it.

Is surgical wound suppuration ever produced otherwise than through the agency of pus microbes?

It is safe to say: *No;* it is not.

‡Councilman, Uskoff, Otherman, Grawitz and De Bary, have demonstrated that the injection of certain chemical substances (metallic, mercury, turpentine and croton oil) beneath the skin produce with considerable certainty, suppuration. Such suppuration, however, is clinically and pathologically, totally different from wound suppuration. It is not progressive in its character, there is no extension to adjacent parts, and the pus which is produced is aseptic and sterile.

Have we evidence that the exclusion of microbes from wounds prevents suppuration with any degree of certainty?

Yes; overwhelming evidence!

First—Deductive evidence. Of course we cannot expect the phenomena of suppuration to occur in laboratory experiments or dead tissue, but putrefactive changes in putrescible fluids, analogous to those which occur in the course of suppuration, have been carefully studied, and it has been proved, that *without microbes there is no putrefaction.*

The most putrescible fluid that can be concocted remains unchanged just as long as the microbes are excluded.

The universal absence of suppuration in simple fractures is too commonly known to deserve mention.

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* Senn's Principles of Surgery.

†The Mutter Lectures, by Roswell Park, M. D.

‡Senn's Principles of Surgery.

Second Direct Evidence.—Before the adoption of the Listerian principle it was seldom that a wound did not suppurate; indeed it was of such constant occurrence that it was accepted as a necessary accompaniment of the healing process. Hospital gangrene and hospital fever were rampant, and fortunate was the patient who escaped with his life. Do we ever hear now of hospital gangrene? It would be a burning reproach to any hospital or any surgeon, in the light of our present knowledge, to have such wound diseases run riot as existed in the pre-Listerian days. To-day every progressive surgeon expects to secure healing by first intention in every freshly made surgical wound, and if he does not get it he knows there is some violation of the Listerian principle. Dr. J. W. White, Professor of Clinical Surgery in the University of Pennsylvania, an ardent disciple of Lister, reports over two hundred operations, and says: "*I can truthfully say that in the whole list there have not been six freely suppurating cases, and that there have been no cases of septic trouble, and no death from any form of blood-poisoning.*"

Mr. J. Knowlsley Thornton, another Listerian, says in a recent address: "I am not ashamed still to use the spray and all the precautions which have advanced my results in ovariotomy to 1.88 per cent mortality (against Bantock's 4 per cent and Tait's 3.3 per cent) and I find increased practice and a steady adherence to methods which have yielded me good results in the past, increase in like ratio my success in all abdominal operations." All this change has been wrought by keeping *one object* in view—*the exclusion of the germs.*

Ligatures.—Silk, silver wire, cat gut and silkworm gut are the commonly used ligature materials. Silk, silver and silkworm gut are easily sterilized by heat, but not so with cat gut. This material is an animal product, sure to become infected with microbes during the process of manufacture and hence a most dangerous article for surgical use. In its manufacture it is tightly twisted and dried, and as a result microbes, or their germs, are deeply embedded. Dry or moist heat applied to it a sufficient time to kill, with certainty, all germ life, is likely to ruin it, either by desiccation or softening. Hence the only method which can surely be resorted to is maceration in alcoholic solutions of antiseptics.

The plan most commonly pursued is, first, immersion in ether for several days to remove all animal oil, then maceration in an alcoholic solution of corrosive sublimate—1 to 1,000—or 1 to 500 until the time it is to be used. Some doubt has been expressed as to whether the large sized gut, such as is used for tying the pedicle in ovariotomy is, even by this method sterilized through and through. I have experimented with dry heat in the sterilization of catgut quite extensively during the past two years, and while perfectly satisfactory, as far as sterilization is concerded, many times the gut has been ruined from causes which I have not been able to determine. I am inclined to think, however that long subjection (12 to 24 hours) to heat not over 212 degrees F. in an oven provided with a thermostat will effectually and safely sterilize it. This apparatus is, unhappily, not practical, except for hospitals; hence, chemical antiseptics are and must be for the future indispensable.

Dressings.—All dressings are easily sterilized by heat. Plain, bleached, absorbent gauze, subjected to dry or steam heat at 212 degrees F. for fifteen minutes makes the ideal dressing for a clean wound. For a wound in which suppuration is already established at the time of operation, or where it has been impossible to carry out in full every detail according to the Listerian principle, the gauze should be impregnated with some antiseptic, so as to inhibit the growth and development of bacteria as the discharges are absorbed. The matter of chemical antiseptic is after all, of minor importance in dressings. If suppuration occur in a wound the important thing is frequent removal of discharge, by change of dressings as often as they become saturated. A clean wound will have no discharge after the first twenty-four hours and that being but serum is quickly absorbed by an aseptic gauze dressing.

In no way is the completeness and perfection of antiseptic surgery better illustrated than in the wound resulting from an operation which has been carefully planned and carefully executed according to the Listerian principle. The dressing is removed at the end of one week, scarcely soiled, the wound has united throughout without inflammation or suppuration, and the patient's convalescence is a matter of days, instead of weeks and months.

This is the ideal convalescence; it is not always easy to secure it and must be at the cost of eternal vigilance. Many times have I been in despair when suppuration has made its appearance in a wound which I felt would have healed without it, but in every case I have traced the mischief to inefficient sterilization of my own hands, the field of operation, or the catgut.

Phagocytosis and Immunity.—The question as to why patients finally pull through and recover even if suppuration is set up in a wound, need not particularly concern us here, although it is an interesting matter from a pathological standpoint. It has long been recognized that there is something within the human organiza-

tion which resists the advance of bacteria. It is a common experience to see the most violent suppuration gradually subside and finally complete healing follow. Metschinkoff tells us that this is through a direct combat between the bacteria and phagocytes (leucocytes) of the blood. If the vitality and number of the phagocytes be sufficient the bacteria are swallowed up and killed, but if the bacteria be of superior force and vitality they gradually encroach upon the tissues, and finally cause death.

This beneficent provision on the part of nature protects us from unseen enemies and is probably sufficient, when we are in a state of perfect health, to withstand the attack of all ordinary forms of pathogenic bacteria.

This is no reason, however, why we should willingly introduce into a wound elements which may set up suppuration and putrefaction, when we have means of excluding them.

Ptomaines.—It has long been known that poisonous results follow suppuration out of all proportion to the extent of tissue involved.

This, too, does not particularly concern practical consideration of surgical wound treatment, but for the purpose of setting at rest opposing arguments I refer to it here.

The profound toxic effects above mentioned are without question due to the certain alkaloids which result from the growth and life of microbes and are called ptomaines.

Nothing is known of the existence of these poisons except as products of bacterial life.

Our course then is plain.

If we would protect our surgical patients from ptomaine poisoning we have but to destroy the microbes.

Drainage.—Drainage preceded Listerism, having been practiced by Syme, Chassaignac, Kœberle and others. It has become an important factor in wound treatment but is *not always used by every surgeon in every wound.* Those who are the most exact and systematic in carrying out the antiseptic regime have the least use for the drainage tube. At the present time it is the practice of several successful surgeons of my acquaintance to close every freshly made wound without drainage. In slip-shod surgery, such as "admits germs freely" to the wound, and "expects suppuration," the drainage tube is the salvation of the patient, for it provides an outlet through which microbes, pus and poisonous products of decomposition may find their exit, instead of being absorbed, and poisoning the patient.

How exquisitely the Shedd method shows the perfect truth of the Listerian principle. Here a moist blood clot, "a pabulum," "a putrescible fluid," the ideal food for microbes, is purposely left in the wound cavity to undergo organization. With the Listerian principle fully executed, such a blood clot remains in the wound cavity; the neighboring connective tissue cells reach into it, capillary bloodvessels penetrate it and it becomes organized, and thus a useful agent in the repair of the injury. Actual experience has over and again shown that an exudation of serum within a closed wound subsequent to an operation is absorbed without the slightest elevation of temperature or local evidence of suppuration or sepsis. These are the things which impress us with the great truth of the Listerian principle, and make us believe it worth the while to try to exclude the germs.

Chemical Antiseptics.—This is the rock upon which opponents of Listerism founder. Lister's first attempt to put in practice a system of wound treatment in accordance with his theory of wound suppuration was accompanied by the use of carbolic acid, and for a time the term carbolic acid was used interchangeably with Listerism. That this narrow conception of the greatest step forward that surgery has ever taken exists to-day, is surprising. The use of carbolic acid, corrosive sublimate, iodoform, boracic acid, thymol or any of the so-called antiseptics are but means to an end, and many changes have been made by Lister himself in his methods, as well as by other surgeons all over the civilized world. It has been found that the Listerian principle can be successfully followed even if chemical antiseptics are dropped from many of the details of an operation, where they were formerly thought necessary. But when thus dropped they have been substituted by something which as surely, or more surely, kills the germs.

We should all be very willing to give up chemical antiseptics *in toto,* but there are certain details in the preparation for an operation without which we cannot be sure of antisepsis. Instruments, sponges and dressing can be made sterile with absolute certainty by subjecting them to a *temperature of 212 degrees F. for ten minutes. Not so, however, with the hands of the operator and his assistants, nor the field of operation on the patient's body. It is my belief that the hands of the operator are the most prolific source of wound contamination in the whole technique of surgery. This is so because of the frequency with which the surgeon's hands are brought in contact with pathogenic bacteria. Upon every examination he makes of the axillary space, the vaginal canal, the rectum, or even of the mouth, his fingers bear away thousands of bacteria, capable, if

*Sternberg.

implanted in a freshly made, closed wound, of setting up suppuration. Ordinary washings with soap and water are totally insufficient for making the hands bacteriologically clean. I cannot do better than quote the following carefully conducted experiment:

†"The most scrupulous care should be exercised in providing for cleanliness of person and clothing. From our standpoint all that is necessary to consider under this subject is the question of: How shall the surgeon clean his hands?

"The following experiments were undertaken: A man's left hand was selected, the nails cut and cleaned, the hand vigorously scrubbed with soap and water, washed with ether and immersed in a 1 to 1,000 solution of corrosive sublimate; it was kept immersed for one hour, removed from the sublimate bath, washed with sterilized water and a layer of gauze placed on the front and back of the hand. These were saturated with sterilized, nutrient gelatine, and over this was applied an aseptic dressing. The man's right hand was then cleaned in the way a surgeon often does before an operation, that is, by cleaning the nails of all visible dirt, scrubbing the hand with soap and water and immersing it for a moment in 1 to 1,000 corrosive sublimate. It was rinsed with sterilized water and treated similarly to the left hand. A half hour later these dressings were removed and cultures made.

"The left hand, which had been cleaned in an extraordinary manner by soaking in corrosive sublimate for an hour, was found to be absolutely sterile. The gelatine from the right hand, which had been cleansed in the ordinary superficial way, showed colonies of bacteria; that from the back of the hand being completely liquefied, while that from the front of the hand was peppered all over with colonies.

"The result was striking and demonstrated that the ordinary method of cleansing the hands is ineffectual.

"In this connection nail brushes were examined as an almost certain source of contamination in providing for an aseptic operation. Three brushes were taken which had been used for general purposes. Bristles were snipped off from various parts of these brushes and cultured; all of these were contaminated with bacteria and moulds. As a remedy it is suggested that hand brushes should be thoroughly cleansed after an operation and kept immersed in a 1,000 solution of corrosive sublimate.

"The result of the experimentation on hands is certainly remarkable.

"It has long been recognized that *corrosive sublimate will destroy all germs in a few minutes, and it certainly is possible,* as the above experiments show, to gain asepsis of the hands if the surgeon, or his assistants, will take the time to *gain* it.

"The superficial manner in which hands are treated is not fair to aseptic work. If it is to be done at all it must be well and carefully done. The result will follow."

The use of antiseptics for disinfection of the hands does not make other and more common means of cleansing the hands less necessary. The most scrupulous washing with soap and water, close trimming of the nails to expose the submegual space, the use of ether or turpentine to dissolve any fatty or sebaceous material, and lastly the soaking of the hands for several minutes in 1 to 2,000 corrosive sublimate solution will insure sterility.

The field of operation is the next most difficult detail to manage successfully. How often have stitch-hole abscesses appeared in the course of the week following an otherwise perfectly satisfactory convalescence. There can be but little doubt that this unpleasant complication is more often the result of an unclean skin than anything else. It is easy to make needles and sutures bacteriologically clean by the use of heat, but for the skin surface with its papillæ gland ducts and follicles, there is no sure method except one similar to that described for the hands. I here quote again from the same writers:

"Wounds to-day, should heal without pus; and one of the most important aids in obtaining this result is to render the surface of the skin sterile previous to an operation. Here the fact should never be lost sight of that we have a living, human organism to deal with, and not an inanimate object.

"A patient approaches an operation with fear which is more or less controlled. Therefore unnecessary details of preparation which may alarm his mind, should be banished. Proper protection should be taken for a rapid and effective operative procedure. Shock, that well-recognized but not clearly understood phenomenon, must always be borne in mind, and the patient should be kept warm and dry by suitably arranged rubber cloths. The operative field should be thoroughly cleansed with soap, water, shaving, ether, sterilized nail brush, corrosive sublimate—1 to 1,000—and the mechanical removal of dirt, that is, asepsis of the operative field obtained.

"If it is possible to render the hands of the surgeon free from germs, it is equally possible to render the operative field sterile. So, in a measure, the experimentation has demonstrated that sterilization of the skin is simply a question of care and time to be exercised by the operator in cleansing his operative field.

†Aseptic Surgery by H. L. Burrell, M. D., and G. R. Tucker, S. B., Boston.

"The following experiment was undertaken. The house surgeon at the hospital kindly prepared a forearm antiseptically as if it were to be operated upon in the following manner:

"The arm was cleansed with water, shaved, washed with ether, rubbed vigorously with a brush wet with 1 to 1,000 corrosive sublimate, and an antiseptic absorbent dressing was applied. This was removed on the fourth day and the successive layers, after culture, were found to be germ free. This shows that it is quite possible to render the surface of the operative field sterile."

It has been my practice for the past year to cause the field of operation to be prepared the afternoon previous to the day set apart for the operation. After the most thorough cleansing, removal of hair and disinfection with 1 to 1,000 corrosive sublimate a compress wrung in 1 to 2,000 sublimate solution is applied, large enough to cover widely the parts involved, and allowed to remain until the patient is on the table. Since adopting this procedure I have not been troubled with stitch-abscesses.

Sponges.—Sponges are a constant menace to antiseptic surgery. The subject has already been mentioned earlier in this article. I again refer to the experiments of Dr. Maylard, and quote his conclusions:

"The practical lessons, then, which these various experiments seem to teach are that sponges, which are most open in their meshwork are least likely to be septic from causes connected with their preparation. That these same sponges are easiest to sterilize; and that a solution of bichloride of mercury of a strength of 1 to 2,000 is the best sterilizing medium. It follows from the above, that large sponges and thick, dense sponges are those most likely to be septic, and are those which will require some care in order to efficiently sterilize them.

"Taking these various factors into consideration, the best sponges for surgical use are the small cup Turkey sponges. Their texture is close but their shape prevents them from being anywhere so thick that they would fall under the objection above mentioned. One advantage, also, of no little importance is, that in these sponges there are not the same loose tags of tissue projecting from the surface, which so frequently exist on the surface of the more open texture kinds. They are about double the price of the Florida sponges, but their greater expense is quite compensated for by their convenience and safety.

"When our sponges have been properly sterilized, how should we preserve them during the time they are not in use? Should we keep them dry in air-tight rubber bags, which protect them from external contamination? Or, should we keep them constantly immersed in some antiseptic solution? To ascertain whether sponges were in any way deleteriously affected by pro longed immersion in the commonly used antiseptic fluids, I took two Florida sponges (Cuban fine) placed one in a vessel containing 1 in 20 carbolic solution and the other in a vessel containing 1 in 500 mercury solution; both, it will be seen, very strong solutions of the antiseptics. The vessels were each covered by a cap of gutta percha tissue and left exposed to light in the laboratory. At the end of nine months I examined them. Both had darkened very slightly in color; the carbolic one more than the mercury one, but neither had suffered in consistency, nor could a microscopical examination detect anything amiss in their minute structure."

To avoid the danger which lurks in sponges, as well as the care and time consumed in preparing them and their not inconsiderable expense, so-called artificial sponges are now widely used, and are prepared by wrapping a wad of absorbent cotton waste, wool and cotton, or any absorbent material in a covering of gauze. These are readily sterilized by heat and after being once used can be destroyed. They are not as absorbent as real sponges, but answer the purpose very well.

Closing Considerations.—We are now prepared to return to the subject of this paper and discuss the "Present Relation of Antiseptic Methods to Surgery."

It is beyond argument that all surgeons the world over at the present time, enjoy surgical methods based on the principles of Listerism.

Each surgeon may work according to his own interpretation. He may discard chemical antiseptics, he may say that he cordially invites in the microbes; he may claim that suppuration is inevitable, but *why* does he sterilize his instruments, dressings, sponges and ligatures, and *why* does he object to a nurse, who has been caring for a foul suppurating case, taking care of a patient freshly operated upon?

The whole duty of the surgeon is:

First—To preserve his patient's life.

Second—To relieve him of his malady.

Third—To make his convalescene as brief as possible.

That antiseptic surgical methods have accomplished all this more perfectly than anything else the world has ever known, is incontrovertible.

How much chemical antiseptics have contributed to this we cannot, with certainty, say.

We should like to know how frequently suppuration occurs in the practice of those who condemn them and we would like to know the average time of convalescence.

Sir Joseph Lister must, ere many years have elapsed pass from his earthly labors, but Listerism will live on "till the crack of doom."

[CONCLUDED.]

SOCIETY PROCEEDINGS.

PROCEEDINGS OF THE FOURTH QUINQUENNIAL INTERNATIONAL HOMŒOPATHIC CONGRESS.

ATLANTIC CITY, N. J., JUNE 16-23, 1891.

MATERIA MEDICA DAY.

Reported by Chas. S. Mack, M. D., *Ann Arbor, Mich.*

The first thing upon the programme was an address by Dr. J. P. Dake of Nashville, whose subject was:

CIVIL GOVERNMENT AND THE HEALERS OF THE SICK.

Following Dr. Dake's address came the

REPORT ON THE CYCLOPEDIA OF DRUG PATHOGENESY.

This report was made by Dr. Richard Hughes, of Brighton, England, on behalf of Dr. Dake and himself. He recounted briefly the history of the work upon the Cyclopædia from its inception to the present time. Most enthusiastic applause was made when he presented the Convention with Part XV of the Cyclopædia. In this part are completed the detailed records of pathogenesy, and is included an appendix. All that the work now lacks of completion is an index, and work upon this will be pushed forward as rapidly as is consistent with careful and accurate execution.

When the applause which was elicited by Dr. Hughes's report had died away, there came the following

Remarks.

Dr. A. W. Woodward: I think that every homœopathic physician should be congratulated upon the completion of the Cyclopædia, for at last he is furnished with a view of the action of drugs which in some degree is commensurate with the phenomena of disease. When Hahnemann pointed out the necessity of adapting the remedy to the totality of symptoms present in a case, he recognized that disease was something more than a local disturbance; he saw that it involved many parts of the organism, and that therefore it was an ever-changing and complicated problem. In promulgating this doctrine he, for the first time, indicated the condtions that were essential to therapeutic success. But while he gave this most important principle to guide us, he also gave us a materia medica in which the special characters of the drug symptoms were preserved without regard to the relationship in which they stood to each other. In so doing he sacrificed the only means by which the genius or individuality of a drug could be recognized. It was an appreciation of this defect in Hahnemann's method, which led to the publication of this work which is a transcript of the day-books of the drug-provers; for only by going to these records could the relationship existing between morbid symptoms produced by a drug be discovered. While much remains to be done to make this work available for the practitioner, in giving us the natural sequence of drug effects, it must be admitted that the editors have supplied us with a foundation upon which may be erected in the future a rational and adequate system of therapeutics; for having so done they deserve our lasting gratitude.

Dr. T. F. Allen: I don't like to speak much or often. I want, however, to say that in answer to letters which have come to me by the score (I might say by the hundreds: they come weekly—daily) from allopathic physicians wanting to know how to study homœopathy, and what books to get, so that they may engage in the study of homœopathy, and still not do violence to their old school therapeutics—to these beginners I uniformly say that the first book for them is this Cyclopædia of Drug Pathogenesy. In this work drug pathogenesy is presented in narrative form much of it from the same original sources that old school literature is drawn from. Thus to these beginners it serves as a connecting link between old school literature and that of homœopathy. They find here records of drug pathogenesy recognized in the old school, and they find, side by side with these records, provings made by homœopathic rule upon the healthy. Thus alone can one form a just estimate of the manner in which drugs act. This is a book to be put into the hands of every student, and I think it should be the first book. He must begin at the beginning. There is no other way of becoming possessed of homœopathic knowledge than by studying carefully a treatise as compact and reliable as this; and so it also becomes of necessity an excellent reference book, if not a study book to the active practitioner. But the active practitioner will insist that he shall be furnished with a scheme which will facilitate the comparison of his remedies. Whether this is done properly or not depends largely upon the manner in which the proposed index shall be compiled. I believe, however, that the editors of the Cyclopædia will not fail to enhance its value with a good index repertory. I want to add my testimony to the importance and extreme value of this work. To any one who begins and follows up the study of homœopathy the Cyclopædia is absolutely indispensable, day by day, week by week. I am

myself, more and more impressed with the absolute necessity for such a work as this.

Dr. C. S. Mack: I wish to indorse everything that has been said touching the value and importance of this great work. The Cyclopædia has been in my hands constantly, I might say, for two years. It is the book to which I look with more confidence than to any other, when I want to learn the effects of drugs upon persons in health. We all know how unreliable many of the records of drug pathogenesy are, and how important it is to eliminate errors from those records. If you could see how marked-up my copy of the Cyclopædia is, you would know that I use it a great deal; and the reason is that I feel more confidence in the records there than in records elsewhere. I am very glad, because of my confidence in the book, to urge that every practitioner and every student should study it.

Dr. J. P. Dake: I wish to say, if you will allow me, that the treasurer of the American Institute has got in his hands two hundred copies of this work subscribed and paid for by the Institute, which they are offering at cost, eleven dollars for the four volumes; and I think that this morning a vote was passed here ordering the index also by the Institute for the subscribers to these four volumes. I wish to say farther that if these books had been put upon the market by the publisher, if the editors had a financial interest in it, you could not have got the volumes for the figures just named. But when the American Institute and the British Homœopathic Society took hold of this work it was with the view of having that work done properly, and having it furnished to the profession at the cost price. I hope that those who have not already subscribed to the work, after hearing the remarks that have been made here as to the value of it, will certainly now be moved to subscribe, and take those copies off the Institute's hands.

Dr. Pemberton Dudley: It is known to many members of the Institute, but not to all, that for some two or three years past the surplus revenue of the Institute has been devoted to the paying of the expenses of the Cyclopædia as its successive numbers have been issued. The Institute has by this act practically spoken in behalf of the inestimable value of this work. It is said that every young man born in the United States fully expects to be president of the United States some day, and I suppose it is about equally true that every homœopathic physician, who has not attained the age of threescore and ten, fully expects and intends to sometime write a work on materia medica. Last night I was talking with a gentleman who has given a good deal of study to this subject—I don't mean that he has simply been sitting and conning symptoms; I do mean that he has really studied materia medica for years and years—and he made this remark: That the forthcoming books on materia medica for the next fifty years must be very largely based on the facts set forth in the Cyclopædia, and without these there can be no valuable textbooks issued. I believe this is true—every word of it, and for that reason I contend that no progressive homœopath can afford to be without these volumes. He may say that they are not suited for everyday use; nobody pretends that they are. But they are intended for use, nevertheless, though not at the bedside of the sick, and perhaps not on the prescriber's desk. A great preacher once had this remark made to him: "It seems as though all you have to do on Sunday morning is to turn the spigot, and the stream flows." "Ah," he said, "but you don't know how I have to keep pouring in at the bung hole every day in the week in order that the stream may flow on Sunday morning." This is so in materia medica. I do not believe that the simple conning of symptoms of any remedy or any dozen remedies will ever make a man a good scientific practitioner of homœopathy. He needs something stronger and better—something that will lift him out of the rut, and teach him the true genius of homœopathy, and that foundation he must lay in the study of materia medica as set forth in the provings, and as published in the Cyclopædia, or some such work.

Next upon the programme was a paper by Dr. Conrad Wesselhoft of Boston, upon

THE DEMANDS OF MODERN SCIENCE IN THE WORK OF DRUG-PROVING.

Dr. Wesselhoft was unable to be present at the meeting, but had sent his paper, a part of which was read by Dr. A.C. Cowperthwaite. The thought in Dr. Wesselhoft's paper was in line with the views which he has been so ably advocating for years. No one has shown a keener sense than has Dr. Wesselhoft of the faulty condition of our present records upon drug pathogenesy, nor a keener sense of the need there is for a purely scientific spirit in the work of developing the science of Materia Medica Pura. The practical work he has done in this field is well known, and doubtless all regretted that in his absence the whole of his paper could not be read. We shall await with interest its appearance in print.

Dr. Wesselhoft's paper was followed by one from Dr. Richard Hughes of England, entitled

THE DRUG-PROVING OF THE FUTURE.

Having introduced his subject Dr. Hughes said:

"I think that I shall best fulfil the duty as-

signed to me by endeavoring to answer the two questions: 1st. What shall we prove? 2d. How shall we prove?

"I. As regards the drugs for future experimentation, I submit that the main guide in our selection should be their usefulness as remedies. A great deal of time and strength have been wasted in the past upon substances of no ascertained medicinal value. What fruit have we got out of the extensive provings of cotyledon umbilicus in England, of fagopyrum esculentum and ptelea trifoliata in America? When we know all about the real medicines we possess, on their pathogenetic side, then will come the time to see if we can create new ones.

"There are three directions, especially, in which we may look with advantage for drugs of this kind.

"1. The first is that of the old Hahnemannian stock.....

"2. There is next the series of mineral compounds which Dr. Schussler has propounded as capable of remedying all the ills to which flesh is heir. Whatever we may think of his theories, or however little our assent to the limitation he advocates, there can be no doubt of the value of his remedies in themselves, or of their being of the homœopathic kind. To give them their true place, they should, obviously, be proved on the healthy body; and it is not quite to our credit that, while so many of us have written upon their therapeutic, so few have attempted to elicit their pathogenetic properties.....

"3. Parallel with Dr. Schussler's mineral medicines, and occupying a similar relation to homœopathy, are the herbs introduced by Count Mattei, and known as "anti-" this and "anti-" that, according to their supposed usefulness. The count has unfortunately kept his remedies secret, and this has prevented most of us from employing them; while the imaginary "system" of which they form a part, and the pretence that electricity has much to do with their efficacy, have excited a repugnance in the medical mind at least as great as the glamour thereby cast over them in the eyes of the public. Nevertheless, there can be little doubt that some of those remedies are powerful ones; and if we could learn what they are, they would have great claim on our attention....."

Having discussed some drugs as used by Mattei, Dr. Hughes said:

"I would urge that at least the betonica aquatica, the sedum acre and telephium, the sempervivum tectorum, the thlaspi bursa pastoris, the polygonum hydropiper, the verbena officinalis and the galeopsis grandiflora be taken up for proving, and so be reclaimed for legitimate and scientific medicine.

"Besides these three groups, I may mention—as drugs well deserving a more thorough proving—Aralia racemosa, ceanothus americanus, guaco, hydrocotyle, lachnanthes tinctoria, naphthalin, prunus spinosa, quebracho, salicylic acid and symphytum.

"II. * * * How shall we prove?

"1. The whole field of physical and chemical, examination has been opened since Hahnemanns' time. The symptomatology of disease has been indefinitely widened by the work done in it and so also—if likes are to be treated by true likes—must that of drugs be. The changes in the urine produced by these must be described, not only as they affect sight and smell, but in terms of the acidity, the specific gravity, and the precise quantity of the secretion, with any abnormality in its constitution that may be discovered in the test-tube or through the microscope. Any feelings of uneasiness in heart or respiratory organs should lead to examination by percussion and auscultation; and an altered pulse should not only be felt and counted, but made to trace itself sphygmographically. The eye should be explored with the ophthalmoscope; the ears, nose, larynx, uterus, rectum, each with its proper speculum, should these show signals of distress. Feverishness should be measured by the thermometer, loss of flesh by the weighing-machine. Such investigations are merely an extension of the principles laid down and carried out by Hahnemann for his provings; but they are an extension which our present knowledge demands, and without which no experimentation with drugs can be deemed satisfactory.

"2. The other great advance to which later science has called us in these studies is the allowance for what astronomers call the 'personal equation' in our provers. Symptoms occurring in many who test the same drug are thereby of enhanced value; symptoms recurring in one who tests many drugs are proportionately depreciated."....

Speaking of Dr. Conrad Wesselhœft's control-test of giving blank powders to provers who thought they were taking a drug, Dr. Hughes said: "He shows.....how in all branches of science, the principle of 'control-tests' prevails in experimentation; and urges its thorough application to our future drug-provings. I do not think that any one can gainsay his arguments; and it would not be too much to affirm that without such counter-trials no systematic provings should be accepted by our societies or published in our journals.

"3. To these requirements of modern science I would add another,.....and that is that our provings should be made *omni dosi*." Dr. Hughes proposed that every drug should be proved (*a*) in single large, (*b*) in repeated small,

and (*c*) in infinitesimal doses. He said:

"*a*. The value of provings with single small doses is this, that they image acute disease, in its course and duration. Poisons also do the same; but the quantities taken are here mostly so large as to provoke expulsive and evacuant effects, which mar the specific action of the drug..... ...

"*b*. On the other hand, if we wish for drug-pictures similar to those of chronic disease, we must go chronically to work. We must give small doses, if necessary gradually increasing them, repeating and persisting until morbid phenomena appear, and even then not pausing until the medicinal disease has been thoroughly established, when we may leave it to its own evolution.....

"*c*. I come now to proving with infinitesimals, and here I know I am on debatable ground.".. .....

Dr. Hughes then debated the question whether we should make provings with infinitesimal as well as with other doses, and he concluded that we should. He said:

"I do so deliberately on the ground that Hahnemann's dynamization, however baseless the theories about it, is a fact; that attenuation, when conducted according to his methods, does more than simply weaken virulence, and, at least in some cases, develops energy; and that such energy cannot be limited to the therapeutic sphere, but may, at any rate in some subjects, display itself pathogenetically also, and in actions unknown to the crude drug.....

"The symptoms thus obtained, moreover, are of a class especially suitable to homœopathic practice. They are of the 'contingent' kind (to use Dr. Drysdale's nomenclature)—dependent upon special susceptibility, rather than 'absolute'—producible on all subjects if only sufficient doses are given; and they present, as a rule, those resemblances to the minuter features of idiopathic disease which enable us to select *simillima* instead of *similia* only..... I do not mean such 'airy nothings' as the hundredth, thousandth and millionth dilutions employed (or supposed to be employed) by the extreme left of our school. I do not mean fluxion potencies' of any one's manufacture. I am speaking of the graduated attenuations of Hahnemann's scale, carried up to any reasonable height the experimenter may choose, the same latitude being given here as which we allow in clinical reports.

"4. Finally, I would urge that we homœopathists should not leave to our old-school brethren the proving of drugs on animals, and for this reason, that their aims are so different from ours that their procedure rarely subserves our ends.....The great use, of course, of these *corpora vilia* is that in them the ultimate effects of drugs may be induced, as they cannot be on ourselves.....

DISCUSSION OF DR. HUGHES'S PAPER.

Dr. T. F. Allen: I do not think I ever mounted this platform or a similar one with as much diffidence as at this time. The whole subject has made such a deep impression upon my mind (an impression increasing in the years that I have devoted to it) that I feel to-day that I know scarcely anything about it—that I am absolutely incapable of discussing it. I stand aghast in the presence of this vast subject. The proving of medicines of the homœopathic school has just commenced. You may think you have got well into materia medica, but you have got, comparatively speaking, but a drop in the bucket. Proving must go on through the centuries of homœopathy, and even then there will still be an inexhaustible mine of health-giving medicines to prove. We look about us and we appreciate but faintly the absolutely boundless domain of nature in all its wealth before us, in the vegetable, animal and mineral kingdoms, of all of which we are at present absolutely ignorant. Thousands upon thousands of substances—some benign, some poisonous. What do we know about these things? Comparatively nothing at the present time. You take these great volumes of symptoms, and you say you can't digest them. We don't expect you to digest them; others will digest them for you. So with the volumes of the Cyclopædia. The editors will very soon publish an index and repertory that will be the result of well peptonized work. But let me say a word upon how to prove drugs. There cannot be too much said and insisted upon as to the absolute necessity of every possible method which science can bring to bear to make our records and our investigations accurate and truthful; we must insist upon that at the start. At the risk of seeming personal, I must tell you what I have done in the direction of drug proving, or what I have tried to do, in New York. In talking this matter over with a wealthy gentleman, I told him I conceived that the proving of medicines and the finding out of the curative properties of drugs was so much more important than the founding of hospitals, that the latter sank into insignificance. He said: "We will build a laboratory and support it for five years; and at the end of that time, if the ends justify the means, we will endow it." I said to him that we should need first a chemical laboratory in which our drugs might be analyzed, and their chemical constituents separated —that we should need, in the second place, a physiological laboratory in which experiments

might be made on animals, and the lesions noted—that we should need, in the third place, a pathological laboratory in which these lesions might be examined under the microscope post-mortem—that we should need, fourthly, a pharmaceutical laboratory in which the proper preparation of drugs might be made, and their uses and methods of preparation be given to the profession—that we should need, fifthly, a laboratory of pharmacodynamics in which careful experiments might be carried out on men and women. It will take time to carry out this plan. At present I have been experimenting with some paid provers.

Let me relate a few facts discovered in relation to the drug aletris, which has, you know, been vaunted as excellent in disorders of the uterus, etc. A young woman graduated in medicine was examined by a specialist, and pronounced to be in perfect health. She began to take aletris; she took at first 5 drop doses of the tincture; size of dose was increased until she was taking 250 drops every hour, and this without the slightest disturbance to health—urine and everything continued normal. Her menstraal period came exactly on time, and at the end of it she remarked that there had not been the slightest variation in the functions of her body. I must say that I was absolutely surprised. She is now taking the dilutions of alteris, and perhaps we shall get something else. To another I have been giving cedron. Dr. Helmuth has told me that for the pains following extirpation of scirrhus he has found no remedy equal in value to cedron. I began giving the first decimal trituration of cedron to a young lady with intermittent fever. After a while she said: "I will not take any more of that medicine, because I have two swellings in my left breast; I am afraid." These I found on examination to be lymphatic enlargements. They are nodules which have not yet disappeared. These are the first fruits of the work I have begun in New York.

In consideration of the immensity of the field I think we are not in a position to do much in making rules touching the drug proving of the future. But I think we may do something of this kind with regard to the vegetable kingdom. Perhaps one of the most interesting drugs of that kingdom is apocynum, a drug which stands at the head of those influencing the circulatory and secretory systems; the entire family are valued for that. There are now over one thousand members of the family, and each member is a rank poison. Shall we prove them all? Never. They may be grouped, and a large group will contain some special active principle identical in every member of the group. Let that active principle stand for a type of the group, and we have greatly simplified our work. If we bring out the active principle in a group, we have knowledge that will guide us in the examination of any other of the more than thousand members of this family. The lichen sticta pulmonara is good for coughs and lung disorders. In proving it we need not take the tannin and woody fiber in it. We may take out the active principle in it, and prove that. In this way we may greatly abbreviate our work. In the future some such short cut will have to be adopted.

I have the highest appreciation of Dr. Wesselhœft's paper. There is no man in our school who has labored so hard and so earnestly to improve our materia medica, and I am fully in sympathy with his methods to a certain extent; but I am afraid we are not quite ready for his radical measures. I don't think we can emasculate our materia medica just yet. The method of Dr. Wesselhœft is first to eliminate symptoms which do not occur in a number of individuals; of course that would reduce our symptomatology to an enormous extent. Now, it cannot be doubted that some individual provings—some individual symptoms, are reliable. Dare we throw them out of our materia medica at present? The provings of most of our drugs are incomplete, and only in the years and years ahead of us will they be completed. Rather than throw out individual symptoms, because they occur in only one or two individuals, let us retain them, and see if in future provings they do not again appear. The combination of drug effects is like the kaleidoscope: there will be hundreds and hundreds of individuals before you will get the same combination. It is surprising that these symptoms are duplicated at all—not that they are not oftener duplicated. Let us retain these symptoms tentatively; let us index them, and if we find that on appeal to the sick they stand us in good service let us use them—let us hold on to them.

Dr. Mohr: I should like to add my testimony as to the excellence and suggestiveness of the papers that have been read. Like Dr. Allen, I appreciate highly the work that Dr. Conrad Wesselhœft has done to eliminate rubbish from our materia medica. But I cannot go as far as Dr. Wesselhœft does; because I believe that in many instances our remedies would be so emasculated that they would be of no use whatever as therapeutic agents. I am in hearty sympathy with what Dr. Hughes has said in his paper, particularly with what he said in reference to the care which must be exercised in proving drugs. It seems to me that we should have just such laboratories established as Dr. Allen is endeavoring to establish in New York. I believe with him that one of the greatest works in which we can engage is to secure the establishment, by men of

means, of just such laboratories where experiments may be carried out fully and efficiently; and then, in the course of time, we shall get our pathogenesis beyond doubt reliable.

One remark made by Dr. Allen may be misinterpreted. I don't think that the position ought to be taken that, when you prove a certain alkaloid or active principle of a plant, that will represent what each individual tincture made from such plants will produce. The alkaloid provings will, of course, give us a general idea, and in some respects a specific idea, of the pathogenetic properties of the plant; but, when the alkaloid in the plant is in combination with other active principles, its effects are not identical with those of the plant. The indications for nux vomica and for ignatia differ, though either drug contains strychnine and brucine.

Dr. Dake: I hope that the Congress will indulge me for a few moments in the expression of my extreme pleasure with the papers that have been brought forward this morning, and with the discussions which have been made upon them. A whole generation of physicians has passed since I had the pleasure of presenting the plans which are now being accepted and carried out. I have watched the progress of this work with great interest. It has afforded me extreme pleasure to see what has been done in Boston, New York and Baltimore for the purification of our materia medica. Statements made here by Dr. Allen I hold as beyond anything that has been announced to us for a whole generation. Hospitals are good; colleges are for the dissemination of knowledge, and are therefore good; but this lies at the foundation of everything in homœopathy. The homœopathic law first, then the perfected materia medica, and you are prepared to go forward and cure the sick. The application of scientific tests is absolutely necessary. I laid down the proposition thirty-four years ago that the prover of a drug should be subjected to the same tests as the sick. If the stethoscope or any other such means may be required in the examination of a patient, the same means should be employed in examining the subject under the influence of the drug.

Dr. J. C. Morgan: I wish to mention the organic acids as of particular power among the ingredients of vegetable drugs. When in making a proving the drug is long taken without intermission, there is a chance of its antidoting its own effects. To avoid this, the taking, if long continued, should be intermittent.

Dr. J. P. Sutherland: It seems to me that the question before us to-day is neither: What shall we prove? nor how shall we prove? The question is, What shall be done with the provings that have been made. I want to emphasize the importance of repetition and corroboration of symptoms in provings before those symptoms are relied upon in the treatment of the sick. This is what modern science says, and, although we may object to some of her methods, we must be guided by her rules in the study of materia medica as in the study of any other science. We are told by some that they *believe* in attenuation, by others that they *believe* in dynamization, and by others that they *believe* in infinitesimals. Some say that if we adopt certain rules of critical analysis, we thereby emasculate our materia medica. Every one of these points has been discussed by Dr. Wesselhœft in a study of belladonna in the *New England Medical Gazette*. I would ask the members to carefully read that article, and no longer say "I believe," or "I don't believe."

Dr. Van Denburg: We have been relying up to this time, upon provings made in the past, and we have had some success. What the future may do for us, we don't know. What, then, has given reliability to the materia medica of the past? The secret is that not every one can be a prover. I heartily approve of scientific rules, but you cannot lay down a set of rules under which every person can record provings. It is more a matter of mind and judgment and ability to see through a thing, than it is of rules. The materia medica of the future will be purified, if at all, by the individuals who record provings. Not every one is equal to it; I am totally incompetent to do it, and I know it. I would not trust myself either to record provings, or to prove. I could get symptoms from sac. lac. as well as from a drug. It is the ability and tact of our provers to which you must look for the purification of the materia medica.

Dr. A. C. Cowperthwaite: As for Dr. Hughes's paper, I don't see anything to criticise. I only wish it were possible for us to unite upon a practical, liberal and eminently just fashion of conducting provings, as laid down by Dr. Hughes. Some are so imbued with modern methods that they sometimes are inclined to go a little too far. I think Dr. Wesselhœft goes too far. If you cut down our symptomatology, what have you left? You can't cure anything with pathology. Cut down the symptoms that are proven to be unreliable just so far as you know what you are doing; but do not cut down every symptom because you have failed to recognize it in some pathological state—otherwise you will very soon wipe out your materia medica. One essayist has said that we should depend to some extent upon provings made upon animals. If that ever is done, it should be with discretion and care, for we know that many drugs affect animals and human beings differently.

ADJOURNED UNTIL 3 P. M.

OPINIONS EXPRESSED.

It seems to me that the requirements of a nurse should be somewhat on the order of

A perfect woman nobly planned
To warm, and comfort and command.
—*Dr. Julia Holmes Smith.*

We ought to fill the land with training-schools for homœopathic nurses.—*Dr. J. L. Moffatt.*

Abdominal sections for the correction of intessusception, when the operation is performed early, is not in itself a proceeding that involves serious danger, and it is followed by a large pro portion of successes.—*Dr. Marsh.*

Very slight cranial injuries may produce an amount of cerebral irritation causing fatal termination years after the traumatism is received.—*Dr. R. H. Reed.*

As regards the drugs for future experimentation, I submit that the main guide in our selection should be their usefulness as remedies.—*Dr. Richard Hughes.*

The progress of science has, on the one hand, enhanced our powers of observation and taught us precision in using them, while on the other hand it has taught us sources of fallacy unsuspected by our earlier experimenters.—*Richard Hughes.*

I would urge that we homœopathists should not leave to our old-school brethren the proving of drugs on animals, and for the reason that their aims are so different from ours that their procedure rarely subserves our ends.—*Richard Hughes.*

The condition of medical instruction in this country during the first century of the republic has not been such as to give us much satisfaction, or to foster professional pride.—*Dr. I. T. Talbot.*

Conscious as we are that our system of medicine is to form the basis of medical instruction in the future, is it not our duty to take such wise and comprehensive action as shall make us the leaders in medical progress?—*Dr. I. T. Talbot.*

While we maintain a unity of belief as regards the *certa* of Hahnemann's teachings, to-wit, homœopathic therapeutic rule and the method of preparing the implements of cure, we are free to adopt, modify or reject the *dubia* in obedience to reason, experience, and the progress of scientific knowledge.—*Dr. R. E. Dudgeon.*

Every year, every month, almost, some new hypnotic, analgesic or antipyretic is announced and its predecessors are discarded for the newcomer, which, in turn, is ousted by a later novelty.—*Dr. R. E. Dudgeon.*

SELECTIONS.

The Reflex Influence of Sexual Diseases.

I will not insult the intelligence of the profession by going into the discussion of the reflex influence of sexual diseases. This, I believe, is generally understood and conceded by every intelligent and candid physician. Abstract reasoning, theories, ancient prejudices, weigh nothing against the vast accumulation of clinical proof of the dependence of reflex symptoms upon genital irritation. I have operated in cases of gleet 129 times; spermatorrhœa, 54; impotence, 38; premature emissions, 23; irritable bladder, 6; sciatica, 2. One of the latter cases was cured, and one not benefited; 4 of the cases of irritable bladder were cured, 1 improved, and 1 unrelieved. In fully 95 per cent of the other cases the results have been eminently satisfactory and often astonishing and incredible without personal observation. The gleet usually ceased completely and permanently within a week or two. All of these cases were treated by slitting the meatus urethræ, and passing sounds to the full capacity of the urethral caliber. The cases of impotence were all partial, although in several the sexual power was almost abolished. The improvement was marked and rapid. In premature emissions and spermatorrhœa the result was universally successful as far as I know. We all know how obstinate to medicine many of these cases are. After the cause of reflex irritation has been removed, local or constitutional treatment will succeed, which previous to the operation was inefficacious. Most of these cases were of many months, several of two or three years' duration, and had been thoroughly injected, medicated and sounded. Electricity had been tried in several. There can be no doubt that the cures were due to the operation.—*Dr. Fessenden N. Otis.*

A Simple Method of Sterilizing Milk.

Use as a sterilizer the ordinary wire basket, with eight bottles, with the rubber corks. If the parents can afford it, and wish a rapid steam generator, the patent cookers are good; if not, any pot will do which is big enough to hold the wire basket of bottles. The milk or milk and diluents are placed in bottles which have been thoroughly cleansed with hot soda water, and an inch and a half of water is placed in the bottom of the pot. When the water is boiling the basket of bottles (without corks) is lowered into the pot, and they are steamed for ten minutes—to drive residual air out of the bottles. The pot is opened, and each bottle is firmly corked, the pot covered and steaming continued for forty-five minutes longer, when

it may be considered completed in any weather. The basket of bottles is then placed in a cool place. If the family be intelligent, and the bottles are not to be transported, the baked or even ordinary cotton may do as a closure for the bottles. Future efforts must also be made to obtain for the infant a milk which will be as free as possible from contaminating elements. A strict hygienic surveillance of dairies by competent persons who can recognize diseased animals and milk is demanded. The rejection of receptacles which are unclean, or composed of objectionable material, will render milk sterilization in the household still more effective than it is at present.—*Dr. Koplik.*

Sterilized Milk in Hospital Practice.

Some three years ago, during a summer service at the Philadelphia Hospital, I introduced sterilized milk as a food for infants. The milk ordinarily furnished to the hospital is subjected to a lactometer test before acceptance, and is of a commercially fair quality. Reasonable care is exercised in handling this milk, and it may be taken as rather better than the average milk obtained in summer in a large city. The sterilization was performed by the usual method, the bottles being corked with cotton, and the milk sterilizing for half an hour. The class of children to whom it was given affords an excellent opportunity to test the nutritive value of any food substance. Some were foundlings, the majority breast-fed children, oftentimes born of ill-nourished or diseased mothers whose milk was not proper food for their offspring. Sterilized milk was diluted in varying proportions, and was fed in quantities suitable to the age and development of the child. At the same time that this milk was introduced as a food, antisepsis was employed in the hygiene of the child, and in the treatment of its digestive disorders. All possible cleanliness was observed about the infant; its diapers, after being washed, were wrung out in a dilute solution of bichloride of mercury. If diarrhœa supervened, the intestines were thoroughly irrigated with boiled water, a solution of sodium salicylate one grain to the ounce, or a dilute solution of thymol, or of some other antiseptic. If vomiting persisted, the stomach was irrigated in a similar manner. Drugs thought to be of value as intestinal antiseptics were given in cases where the presence of fermented food was suspected. A description of these procedures is given, although they do not pertain to methods of feeding, because their employment doubtless influenced the general result.

It was found that so far as sterilization was concerned there was no difficulty in furnishing to infants a diluted milky fluid which was taken with comparative avidity. It was noticed also that acute enteritis subsided, and that few cases of sudden diarrhœa, or what is commonly known as "cholera infantum," occurred. In fact, no case occurred originally in the hospital during this time. It was soon observed, however, that although infants were exempt from symptoms of acute disease, yet that they remained ill-nourished, and many recovered from acute enteritis, for which they were brought to the hospital, only to succumb after two or three weeks, from gradual starvation.

Constipation, often severe, frequently followed the use of sterilized milk. Efforts were made in various ways to supply proper nourishment; milk was peptonized and pancreatized with carefully prepared materials, the process being accurately carried out, and was then sterilized; and a fairly successful formula was that which combined milk, water, dried granular extract of malt, and a small percentage of bicarbonate of sodium. The result of this combination was a prepared milk resembling chocolate containing an excess of milk, which was quite palatable, and agreed with some of the infants. Animal broths, white of egg, flour-ball, various preparations of malt, barley water, alcohol, several of the patented foods in market, and cod-liver oil were all used in turn with individual cases. Of these adjuvants, cod-liver oil was most beneficial. It was the invariable experience, however, that sterilized milk, whether peptonized or not, resulted in but a temporary improvement in the nutrition of the infants. Where an infant was breast-fed, and several daily meals of a sterilized mixture combining milk, cream, sugar of milk, and lime-water was given, the artificial food seemed to be well borne, but when the sterile food was the only resource, the infant failed.—*Dr. E. P. Davis.*

Chronic Constipation.

The instructions which Sir A. Clark asks his pupils to give their patients for the management of simple constipation, are as follows:

1. On first waking in the morning, and also on going to bed at night, sip slowly from a quarter to a half pint of water, cold or hot.

2. On rising, take a cold or tepid sponge bath, followed by a brisk general toweling.

3. Clothe warmly and loosely; see that there is no constriction about the waist.

4. Take three simple but liberal meals daily; and if desired, and it does not disagree, take also a slice of bread and butter in the afternoon. When tea is used, it should not be hot or strong, or infused over five minutes. Avoid pickles, spices, curries, salted or otherwise preserved provisions, pies, pastries, cheese, jams, dried fruits, nuts, all coarse, hard and indigestible

foods taken with a view of moving the bowels, strong tea, and much hot liquid of any kinds, with meals.

5. Walk at least half an hour twice daily.

6. Avoid sitting or working long in such a position as will compress or constrict the bowels.

7. Solicit the action of the bowels every day after breakfast, and be patient in soliciting. If you fail in procuring relief one day, wait until the following day, when you will renew the solicitation at the appointed time. And if you fail the second day, you may, continuing the daily solicitation, wait until the fourth day, when assistance should be taken. The simplest and best will be a small enema of equal parts of olive oil and water. The action of this injection will be greatly helped by taking it with the hips raised, and by previously anointing the anus and the lower part of the rectum with vaseline or with oil.

8. If by the use of all these means you fail in establishing the habit of daily or alternate daily action of the bowels, you may try, on waking in the morning, massage of the abdomen, practised from right to left along the course of the colon; and you may take at the two greater meals of the day a dessertspoonful, or more, of the best lucca oil. It is rather a pleasant addition to potatoes or to green vegetables.

Treated upon physiological considerations, Sir Andrew believes that the vast majority of cases of simple constipation may be successfully overcome without recourse to medicine.—*New York Medical Times.*

The Chemistry of Sterilised Milk.

The dangers of transmission of infection by means of milk derived from diseased animals or from improper handling or exposure, have been largely dwelt upon of late. As a consequence, sterilization has been looked upon as a necessity, if infants artificially nourished are to be protected from these perils. But the milk after sterilization has been found to be in some wise so changed that of late a reaction has set in, and the question has arisen whether or not the desired immunity could not be better attained by some other means.

Dr. Leeds' research is in part directed to a statement of the changes effected by sterilization which are revealed by analysis, and in part to showing that the clinical evidence points in the same direction as that derived from chemical investigation. Both go to show the importance of an advance and improvement, and indicate the direction in which this improvement lies. It is in the getting rid of the bacteria without injuriously affecting the digestibility of the milk. Enough has been done to show that this desideratum is possible of realization. It is possible, because a temperature below that at which the injurious changes occur is high enough to destroy nearly if not quite all the bacteria. At the same time this temperature is high enough to effect whatever beneficial changes are desirable in the modification of cows' milk, by peptonization or otherwise.

Inasmuch as it is difficult, without more care than would be probably given in domestic use, to perform the sterilization at a certain fixed maximum temperature, and not exceed it with the resultant coagulation, it appeared desirable to keep well within this limit, and his own experiments were performed at 68° C. (155° F.).

It is evident, in the first place, that no milk having an acid reaction is in a proper condition to be heated, because of the effect of acidity upon coagulation. And, inasmuch as cows' milk as delivered to consumers has usually developed a notable acidity, the addition of a requisite amount of a suitable alkali is the first point to be considered.—*Dr. E. P. Davis.*

Massage in Chronic Dyspepsia Due to Muscular Atony.

This form of dyspepsia is very frequent, usually accompanied by dilatation of the stomach, unattended by local pain, and resists the treatment by the alkalies, hydrochloric acid, nux vomica, electricity, and the revulsant application of plasters, of cold and of heat. Dr. Sedan employed massage in the following manner: With the hand, well oiled previously, he kneads the stomach in the direction from the cardiac to the pyloric end, making gradual and deep pressure. Without changing the direction the pressure should be gentle, deep and constant. The fingers should then go through the same movements in the opposite direction. At the end of five or six minutes massage is applied to the entire right iliac region for several minutes. There is usually an escape of gases both by the anus and mouth; and after two or three daily seances continued for five or six days, surprising results are obtained. The procedure is best practised two or three hours after the meal, and in general before the time at which the patient experiences the greatest discomfort. Under this treatment the appetite and sleep are improved, and it is always successful when there is a partial or complete reflex insensibility of the stomach. It has also caused the disappearance of obstinate chronic constipation.—*Gazette Medicale de Liege.*

The homœopathic profession appears to be insensible to the fact that every assumed superiority unprotested, and every important position appropriated by the old school, holds prestige for that school, and casts the shadow of unequal value upon it.—*Dr. Asa T. Couch.*

THE MEDICAL ERA
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Cancer of the stomach is almost without exception *painful*, but the pain differs greatly in different cases, varying from a moderate tenderness on pressure to an acute pain, rivaling in intensity that of ulcer. The tumor in pyloric cancer is sometimes very *movable*, and in these cases, which are familar to every practitioner, the growth can be shifted about in all directions, just like the child's head in the uterus.

To administer castor oil pleasantly, thoroughly mix the dose with four times as much hot milk, shaking the two together in a bottle, which they do not more than half fill. When taken in this way the activity of the oil seems to be increased, and being rendered very limpid by the hot milk, its oily nature is not perceived. It is scarcely to be distinguished from hot milk. —*Dixie Doctor.*

When twins are born in France, the last born is considered by law the eldest! Consequently, if both survive, and, in case of boys, reach manhood, the second is called to the army to serve, being pronounced the eldest. By some extraordinary calculation the medical men who were consulted at the passing of the act years ago came to the conclusion that the last born of twins was always the first conceived.

Cocaine is of great use for the relief of pain caused in the dressing of burns, fistulæ and painful ulcers. A two per cent solution should be sprayed upon the surface exposed. It acts immediately, and the dressing may proceed with little pain. The solution should be used warm, and no stronger than two per cent. With this strength there is little danger of constitutional effects, and it acts as well as a strong solution.

LACTO-PREPARATA, which is the name given to Reed & Carnrick's milk-food, for use in infant feeding, is being widely used as a substitute for mother's-milk. It contains all the ingredients necessary to perfect nutrition, put up in a form which is easy of preparation, and perfectly sterilized.

HAY FEVER REMEDIES.—Whatever may be the theory of the causation of hay fever the question to physician and patient is, How shall the symptoms be relieved? Mere mention of the remedies that have been tried would almost make a treatise on a materia medica. Among these we wish to call attention to a few which have proven their efficacy. These may be conveniently described under two heads, viz.: Remedies for local use and for internal administration. Local medication may include Cocaine in 4 per cent solution, in tablet form or in nasal bougies. A good formula for bougies is the following: Hydrochlorate of Cocaine, 1 grain; Atropine, 1-200 grain; Cocoa butter, q. s. The bougie may be held in position by a pledget of absorbent cotton soaked in cocaine solution. Menthol may also be used with advantage in 10 to 20 per cent solution in olive or almond oil and applied to the nasal membrane with a brush, or in spray, or simply insufflated. Fluid Extract Witch Hazel, distilled, and Fluid Hydrastis for local application are often of value in the catarrhal symptoms. Parke, Davis & Co. supply all of these agents in eligible form, and will afford all desired information concerning them.

LACTATED FOOD, which has so long been before the profession, contains no unchanged starch; it is 25 per cent sugar-of-milk, and has no cane sugar in its composition. It is made by the old firm of Wells, Richardson & Co., Burlington, Vt.

In diseases of the respiratory organs oxygen is almost always beneficial; it promptly relieves the most intense dyspnœa, whatever be its origin. In phthisis pulmonalis it is by no means the panacea that some of its former enthusiastic advocates have claimed, yet it can be made a most valuable aid to all other methods of treatment. Dr. Purdy of Chicago, the author of a recent work on diabetes, claims excellent results in this disease. Even when cases have progressed so far that nothing but palliation is to be attempted oxygen mitigates the sufferings, and prolongs life as no other remedy can be made to do. Good results are also claimed in insomnia and neurasthenia.

THEY SAY

That the toast that's "hot as toast" is hard to find.

That you can't tell what gender an egg is until it is hatched.

That there are now sixteen homœopathic medical colleges.

That man wants but little here below, but he wants it often.

That whom the gods love die young; the others become boy preachers.

That there were five hundred homœopathic physicians in attendance.

That unless a man lives as high as he shouts the less noise he makes the better.

That Hahnemann's dynamization does more than simply weaken virulence.

That the physician who speaks but one language may yet be familiar with many tongues.

That some husbands are very indulgent, and often they indulge a great deal too much.

That when some men discharge an obligation you can hear the report for miles around.

That if it were not for fear of public opinion most men would go to the devil in the daytime.

That a man in Ohio has invented a new kind of fly-paper, and the flies are just dead stuck on it.

That the irate housewife can make the most sweeping kind of an argument with a broomstick.

That twice in the year man feels the need of rest—just before his summer vacation, and just after.

That it isn't quite clear whether it was a Convention or a Congress, a Congress or a Convention.

That there are no eggs in last year's nests because the honest farmer is peddling them as fresh hen fruit.

That the girl who was eating her second dish of ice cream said it reminded her of the last "cold snap."

That a good man is a man who is good to us, and a bad man is a man who doesn't do what we want him to.

That a man named Hammock is on trial in New Jersey for murder, and many people think he will swing.

That the friend who cries with you finds out a great many things you will regret when your eyes are dried.

That it is not hard for a man who is worth a million dollars to be a philosopher, and neither is it necessary.

That when a man fails in business he comforts himself with the reflection that it was because he was too honest.

That the poker-player who sequestered all the aces in his left sleeve said he was only clearing the deck for action.

That there are people who give themselves to the Lord after they have put all their property in their wife's name.

That if every one took up as much room as he thinks he does some people would be crowded off the face of the earth.

That there is something radically wrong about the man who does not love his country, and takes no interest in baseball.

That pessimism is the philosophy with which we regard our neighbors, and optimism that with which we regard ourselves.

That a diet of fish may be very useful, but you can never tell whether the man who indulges in it will become a shark or a sucker.

That when there is nothing else to weep for, some lachrymose people will persist in shedding tears over the dead of the night.

That since gold was one of the ingredients of the Koch lymph the whole thing is reduced to the level of the mined cure, after all.

That education is all right, just so it does not leave its victim too smart to work, and not smart enough to get along without work.

That a man in Connecticut has invented a superior kind of cement that is so strong that it can be used to mend even the break of day.

That there is a young man in Ohio who speaks a language that no one can understand; it is proposed to make him a street car conductor.

That it is well enough to have a good opinion of yourself, for it is often hard to persuade other people to perform this arduous task for you.

That the casualty record for the English football season just over shows twelve cases of death directly attributed to injuries received in matches.

That two robber-caves have been discovered on Long Island, but, unfortunately, they are too far from the beach to be utilized as summer hotels.

That an inventor in Germany has made a clock that is warranted to run nine hundred and ninety-nine years without winding, but the discovery has been made that it is only a weak imitation of the kronic krank at medical conventions.

THE MEDICAL ERA

COMBINED WITH THE MEDICAL COUNSELOR. DEVOTED TO HOMŒOPATHY AND THE ALLIED SCIENCES

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CH. GATCHELL, M.D., EDITOR.

THE NATIONAL HOMŒOPATHIC MEDICAL COLLEGE.

It has come.

That is to say, it has come—on paper.

Whether or not it will materialize, a few weeks will tell.

It is of humble origin.

In the spring of the year 1889 a certain JOHN MALOK graduated at the Chicago Homœopathic Medical College. After graduation he settled on the North Side. Not many months had been gathered to Time's bosom before DR. MALOK conceived the very brilliant idea that, since the South Side and the West Side of Chicago each had a homœopathic medical college, the North Side should also share in the blessings of such an institution.

Accordingly, DR. M. issued a circular—full of bald promises and bad spelling—announcing the "German College of Medicine and Obstetrics."

It was the founder's design to issue "honorary" degrees, and to make of the institution a school for midwives. It was also his desire to "put in all the money and take out all the profits."

In due course of time the founder of the new institution gathered unto himself a few spirits, and invited them to become members of the faculty of the G. C. of M. and O. He found plenty who were willing to sacrifice themselves on the professorial altar. But after the "faculty" had held a few meetings, Discord, with a great big D, crept into the proceedings. The entire faculty handed in its resignation to DR. MALOK, the founder, and decided to go off and found a college all by itself.

Then it was that the newspapers of this city announced to the public that there was "another split in the homœopathic ranks;" "division in a medical college;" "the faculty of a homœopathic college torn by factional fights."

There has not been such a tempest in a teapot since the Dutch captured Holland.

But it did not end here. DR. MALOK has, by his abortive attempt, put it into the heads of various Chicago physicians that it may, after all, be a good thing to be "professor" in a medical college. Hence, they have organized under the ambitious title of the "National Homœopathic Medical College." At the present time they have a faculty, a college building, a hospital, a dispensary, and students—all on paper.

No one seems to know where the college building is.* But that is a small matter. No one knows where the "Baptist Hospital" is, unless one member carries it around under his hat.

To find the faculty, however, is an easier matter. It is composed of about twenty-six members, among the number being DRS. SMITH, PEASE, CHEESEMAN, THOME, SWAN, BUSHEE, L. D. ROGERS, S. IDA WRIGHT ROGERS, PRINTY, BERNARD, BUTLER, JOHNSON, DUNCAN, ELY, HAINES, REED, VAUGHAN, HANNA, DICKSON, JONES, BOOTH, SMITH, FRUIT, BASSETT, and REININGER.

It cannot be said that material for a faculty is lacking.

It is the intention of this faculty to issue an announcement, and to start a college. It is also their intention to "elevate the standard of medical education!"

*Later intelligence will be found on p. 286.—ED.

No one can charge that this last-named motive is not a worthy one. We trust that they will accomplish their object.

But what of Malok?

Why, Malok is going to start a college, also. He is not to be deterred from carrying out his laudable aims by so small a matter as the resignation of his entire faculty. This is too trivial a thing to disturb the equanimity of one who is so determined to "elevate the standard of medical education." Malok is engaged in making up a slate, and in due time there will appear the announcement of the "German-American Homœopathic Medical College."

The most surprising thing in this whole matter is—not that there should have been a college quarrel—but that Chicago should have had within its borders "professors" enough to equip two new homœopathic colleges, and yet nobody suspected it!

Great is Chicago!

RESOLUTIONS OF COMITY.

At the recent meeting of the International Homœopathic Congress no more important resolutions were passed than those which we here present to our readers. They are worthy of the spirit of the present age; they express the only true method of meeting questions which may be at issue between different bodies of men; they contrast strongly with the intolerant spirit shown by our opponents, and make our position before the world strong and consistent. By unanimous vote the Congress gave expression to the following sentiments:

Whereas, The proceedings and papers of the fourth Quinquennial Homœopathic Congress conclusively show that the practice of homœopathy by educated medical men and women has obtained a firm foothold in every civilized country on the globe; and

Whereas, Notwithstanding the untold obstacles and opposition it has encountered, homœopathy has steadily advanced in professional and public estimation, until now, at the close of nearly a hundred years of incessant and desperate struggle with its foes, and with the repressive influence of the laws, its future is assured; therefore be it

Resolved, That this International Congress would respectfully suggest to the non-homœopathic portion of the medical profession the question whether the time has not now arrived when the policy of professional ostracism and legislative repression may not with advantage be abandoned as a needless discredit to our loved profession, and as a method of controversy which is daily becoming more and more unpopular and ineffective.

Resolved, That we earnestly suggest that the resolution of the questions that now divide the medical profession into offensive and defensive factions can never reach a solution except through those methods of observation, experiment and logic which form the only effectual resort in all other departments of human knowledge.

In the distant future, when time shall have wrought what man is impotent to accomplish in a day, these resolutions may be recalled with pride. They will bear testimony to the fact that the homœopathic school took the initiative in making overtures of peace to the dominant school, and in inviting its members to submit all questions that divide us to the arbitrament of reason.

When the old school has so grown in grace as to accept this overture, there will no longer be sects in medicine.

CIVIL GOVERNMENT AND THE HEALERS OF THE SICK.

In our report of the proceedings of the International Homœopathic Congress appears a synopsis of the address delivered by Dr. J. P. Dake, of Nashville. We look upon Dr. Dake's argument as being very strong, and many of the principles which he enunciates as being sound, and in accord with the true spirit of government. Much that he presents has our unqualified indorsement.

But in the present age of the world all men are not controlled by reason. We cannot, however lucid and weighty may be our argument, bring all men to our way of thinking. Above all, we cannot, by such means, convert our opponents. While we are reflecting upon the desirability of an ideal state of government, they will be actively at work to gain control of existing institutions.

This is the situation at the present time. It is a condition, not a theory, that faces us. We must recognize this fact, and act accordingly. The dominant school is making aggressive efforts to establish a medical censorship, with themselves as the censors. We must meet them on this ground, or be placed at a serious disadvantage. This can be done only by separate medical boards in all States where legislation on the subject is attempted. The Era has long contended for such action, and, notwithstanding Dr. Dake's able argument, we see no reason for a change of policy. We still contend that in the separate board system lies our only safety. We believe that a large majority of the homœopathic physicians of the United States is with us in this matter.

ORIGINAL ARTICLES.

THE CURABILITY OF MENTAL AND NERVOUS DISEASES UNDER HOMŒOPATHIC MEDICATION.

BY SELDEN H. TALCOTT, A. M., M. D., PH. D.
MIDDLETOWN, N. Y.

[A paper presented to the International Homœopathic Congress, Atlantic City, N. J., June 16-23, 1891.]

HOMŒOPATHIC medication is of essential value not only in the treatment of acute disease, but likewise in correcting those abnormalities of the nervous system which prevail among the young who are afflicted by hereditary and constitutional pathological dyscrasies. In evidence, we place the histories and achievements of such drugs as Calcarea carb., Hepar sulphur, Mercury, Phosphorus, Sulphur, and Silicea.

The powers of homœopathy have likewise been displayed by the beneficial changes effected in the characters of adult individuals who may be afflicted by unfortunate habits, ungoverned emotions, and disordered wills. The interesting experiments of Dr. Gallavardin, of Lyons, France, may be referred to as evidence in this connection; and the provings of nearly all our homœopathic remedies display quite prominently the effects of drugs upon the mind, and its "frail dwelling house"—the brain.

The virtues of homœopathy, and the efficacy of homœopathic medication have likewise been signally attested by results attained in the treatment of insanity (the ultimate of all nervous affections) at the State Hospital for Insane, Westborough, Mass.; at the Asylum for Insane Criminals, Ionia, Mich.; at the Third State Hospital for the Insane, Fergus Falls, Minn.; and at the State Homœopathic Hospital, Middletown, N. Y.

It is an interesting and well attested fact that the children of scrofulous or consumptive parents when reared under the influence of those homœopathic remedies which affect profoundly all the tissues of the body to such an extent that they are called constitutional remedies, grow up stronger and healthier, with better bony structures, with firmer muscles, and with fewer mental and physical abnormalities than obtain in those children who are still subjected to the absurd crudities and depleting exhaustions of old school treatment. The experiments of Gallavardin in the cure of nervous diseases to the extent of changing the vile and vicious characters and habits of men have been recorded in a most interesting work entitled "The Homœopathic Treatment of Alcoholism." In this book, we find uncontradicted statements to the effect that homœopathic remedies may be successfully administered for the relief not only of hereditary or acquired drunkenness, but likewise of all the leading evil passions and propensities of the human heart.

As a fitting climax with which to cap the pyramid of proof that homœopathy is the one truly rational and scientific form of medication of almost universal application, we may present the results attained by the homœopathic treatment of that gravest of all diseases—insanity. This experiment has been continued in a State Hospital, at Middletown, N. Y., under public observation, for more than seventeen years. The records of this experiment have been placed in the archives of the Commonwealth, where they are subjected to the scrutiny of every inquisitorial citizen. The results of this experiment have been such as to warrant the establishment of homœopathic treatment in State Hospitals in the States of Massachusetts, Michigan, and Minnesota; and if right and justice shall have sway the time will come when every State in the Union will be blest with a hospital for the insane where homœopathic medication shall prevail.

By way of episode, we may assert that homœopathy may not only cure those thoroughly developed cases of insanity which find their way to a hospital for the insane, but it may also prevent very largely the inception, development, and growth of insanity in the community. In the State of New York there are more than five millions of people. About one-fifth of the people in this State are adherents of homœopathy. In that State there are over sixteen thousand insane persons cared for in the various public or private hospitals designed for such cases. Now, if the adherents of homœopahty furnished their full quota of insane patients, we should have at least three thousand lunatics of homœopathic proclivities. The State Homœopathic Hospital, at Middletown, was designed to accommodate all who might prefer homœopathic medication, both poor and rich. During the past seventeen years the institution at Middletown has received, as a rule, all the insane whose friends preferred for them homœopathic treatment. In addition to taking care of homœopathic patients, we have admitted large numbers of patients who had, previous to their seclusion in the hospital, been accustomed to old school treatment. While the Middletown Hospital was designed for the accommodation of those whose friends desire for them homœopathic treatment, it is a fact that for several years a majority of our patients have come from old school sources. At the present time, in a population of seven hundred and fifty patients, less than one-half are adherents of homœopathy, and accustomed to homœopathic medication previous to their admission to the Middletown

State Hospital. Here are some most significant facts. While we ought to have, as a matter of fair proportion, about three thousand patients in the homœopathic institutions of New York, we have, as a matter of fact, less than three hundred who were, previous to their insanity, addicted to the use of homœopathic medication when suffering from the ordinary diseases of life.

We believe that homœopathic treatment is efficacious not only in the treatment of fully developed insanity, but it is of especial and marvelous value in the treatment of incipient insanity, and in the prevention and cure of cases which have tendencies toward mental disorder. During the past two years, and while the nation has been afflicted with a disease known as *la grippe*, there has been discovered a remarkable tendency to the development of melancholia—one of the most deplorable forms of insanity. It has been generally suggested that the disease known as *la grippe* was responsible for this increase of melancholia. It is true that melancholia is the result not only of mental shock, but of depletion or exhaustion of the physical powers of man or woman. While the disease known as *la grippe* is productive of great physical debility, we would venture to suggest that such drugs as phenacetine, antipyrine, antifebrine, and kindred so-called remedies, by actually increasing the debility of disease, may be responsible for some of the mental depressions following in the wake of *la grippe*. These powerful drugs may reduce temperature with lightning rapidity; and they may produce, likewise, cardiac exhaustion, cerebral enfeeblement, and consequent mental depression. The suspicion is excited that overmastering drugs unwisely administered may be responsible for more than one-half of the insanity with which mankind is afflicted.

To resume: In ancient times insanity was considered a possession of the devil, and consequently it was thought that its cure could not be effected by any rational medical means. Resort was had to prayers, and incantations, and the administration of witches' broth from the caldron of human superstition. During the past century it has been discovered that insanity is a symptom of brain disease, and that all mental aberrations depend either upon organic changes of the brain itself, or upon some functional disturbance of the cerebral mass. Such being the case, it seems reasonable and natural that insanity may be cured just as readily as any disease of the lungs, or stomach, or other vital organs.

The nature of insanity having been misunderstood the disease itself has, as a rule, become chronic and hopeless before any curative measures were resorted to. But as we come to understand this disease more fully, and recognize its symptoms when first developed, then we may, with reasonable hope, anticipate a cure in a large proportion of recent cases. This assertion is, we think, true of the primary forms of insanity known as mania or melancholia. In general paresis, and in some forms of dementia, there are such marked and pronounced evidences of organic degeneration that we cannot anticipate a cure in such cases any more than we can anticipate a cure in chronic tuberculosis of the lungs, or in chronic sclerotic conditions of the spine

Insanity in its acute stages is, as a rule, characterized by either active congestion, or violent hyperæmias, or acute inflammations; or, in some cases, sudden and marked anæmias. These conditions of the brain may be relieved by suitable care, by secluding the patient from the original cause of the disease, and by appropriate homœopathic medication. The brain is not only the most important organ of the body, but it is, likewise, the most sensitive; and therefore, in treating it when diseased, the remedies applied should be used with the utmost delicate caution and skilful consideration as to the probable results. Drugs which affect the brain cannot be so easily eliminated from the system as drugs which affect specifically some other organs. If you give a medicine that willcause profuse expectoration, you may thus throw off from the system, to a considerable extent, those forces of the drug itself which might be inimical if allowed to remain. If you give a medicine that acts as a powerful cathartic, you may find that the bulk of the drug itself is cast out with the *débris* from the bowels. If you give a medicine that produces a marked and specific effect upon the kidneys, you may feel quite certain that those powers of the drug which prove deleterious if retained in the system have passed away upon the increased currents of urine. But drugs which affect the brain, like opium, chloral, the bromides, belladonna, cannabis indica, hyoscyamus, stramonium, and the veratrums, cannot be so readily eliminated as to their injurious qualities from the nervous system. The powers of such drugs remain in the hidden recesses of the human citadel, poisoning the most sensitive sources of life, prostrating the nervous system to an alarming extent, and producing results which may last for years, and continue their subtle damage even after their primary effects have apparently disappeared. We reiterate the belief that there have been more cases of insanity caused by the use of drugs in massive doses than have ever been cured by such doses.

Homœopathic medication of insanity is naturally allied with that new theory of kindness toward the unfortunate insane. With mild medication goes, inevitably, mild treatment. But when a patient is knocked down with heavy drugs at night by the physician, he is likely to be knocked down in the morning by a rough and unfeeling attendant. If the physician sets the example of mild medication, then the nurse is apt to follow suit with mild and sensitive treatment of the case. Samuel Hahnemann set the example of kindness in the care of the insane by his famous treatment of Klockenbring, the secretary of the chancery of Hanover.

We shall append to this paper a series of statistical tables, which shall show by contrasts the results attained in the State Homœopathic Hospital, at Middletown, N. Y., and the results attained in the old school hospitals for the acute insane, at Utica, Poughkeepsie, and Buffalo. Without distressing this audience by a recital of these tables, we will state in a general way that the recovery rate at the Middletown Hospital upon the numbers discharged each year during the past decade has been about fifty per cent; while the death rate, upon the whole numberl treated, has been about four per cent. In the old school hospitals, already named, we may state that the recovery rate, reckoned in the same manner as we reckon our own, has been less than thirty per cent, while the death rate, reckoned in the same way and for the same period, in the old school hospitals, has been over six per cent. Here you see that the advantage in the rate of recovery in the institution where homœopathic treatment prevails is as fifty to thirty; while the advantage in the death rate is represented as four to six. The death rate in the old school hospitals has been about fifty per cent higher than in the State Homœopathic Hospital, while the recovery rate has been about forty per cent less. All kinds of figuring have been resorted to in order to obscure, if possible, the brightness of our results, but in whatever way the figuring is conducted the hospital at Middletown stands pre-eminent in results in the long run.

During the past one hundred years most notable strides have been made toward a proper comprehension of mental and nervous diseases and marvelous progress has been made in the care, treatment, and cure of the insane.

Ninety-eight years ago Pinel struck the iron shackles from the limbs of fifty-three chained lunatics at the Bicetre, in Paris, in a single day. About the same time, or at an earlier date, Hahnemann wrote his immortal essay upon "Kindness to the Insane." The key note of all modern treatment of lunatics is embodied in these sublime words of the sage of Coethen: "I never allow any insane person to be punished by blows or other painful corporeal inflictions, since there can be no punishment where there is no sense of responsibility, and since such patients only deserve our pity and cannot be improved, but must be rendered worse by such treatment. The physician of such unfortunate creatures ought to behave so as to inspire them with respect and at the same time with confidence; he should never feel offended at what they do, for an irrational person can give no offence. The exhibition of their unreasonable anger should only excite his sympathy and stimulate his philanthrophy to relieve their sad condition."

Hahnemann also portrayed in all his provings the effects of drugs upon the brain and mind, and thus foreshadowed their use as curative agents in mental and nervous diseases. Pinel gave freedom to the physical powers of lunatics. Hahnemann made the cure of insanity, with mild medication and mild treatment, possible, and thus he gave a glorious and unrestrained freedom to that spark of the Infinite—the human mind. All honor to Pinel, the philanthropist, who set the limbs of the insane free; but greater honor is due to Samuel Hahnemann the physician, who taught us how to cure insanity, and thus free the human mind from the bondage of disease.

Spontaneous healing of divided nerves is very uncommon. The prognosis in injuries of the nerves is unfavorable when the injury is high up, even if nerve suture is resorted to. The formation of an extensive connective tissue cicatrix prevents the regeneration of the nerves. It is the duty of the surgeon to resort to nerve suture in every case of accidental division of the nerves. In the performance of this operation, the avoidance of all irritation, the most stringent antisepsis and perfect hæmostasis are the main conditions which secure success. If symptoms of stasis follow the injury to the nerve, elevation of the parts, and the employment of massage after healing of the wound, are indicated. When the wound has healed, direct galvanization of the scar and massage should be employed. Peripheral paralysis are to be treated by massage and passive movements. The use of the limb after the injury appears to have a favorable effect on recovery.

Medical students in London have been compelled to go through a course of four years' study, hospital attendance and lectures before being qualified to appear for the final examination. By an order of the Grand Medical Council of England, issued last month, the term of preparation has now been extended to five years.

COMPARATIVE TABLE OF STATISTICS.

By SELDEN H. TALCOTT, M. D.,
Middletown, N. Y.

TABLE NO. 1.

Percentage of recoveries on number discharged.									Percentage for whole period.
Year	1883	1884	1885	1886	1887	1888	1889	1890	
Utica	34.12	28.18	28.37	17.17	26.22	24.06	29.48	32.92	26.94
Buffalo	30.95	31 12	28.41	24 92	29.72	31 29	34.88	42.25	31 69
Hudson River	24.46	31.60	21.72	28.57	27.46	32.11	36.29	45.29	30.93
Middletown	46.00	48.22	50.38	50.95	51.33	46.94	51.79	53.57	49 89
Percentage of recoveries, old school	30.92	27.75	26.78	22 44	27.81	28.29	33 02	38.90	29.48
New school	46.00	48.22	50.38	50.95	51.33	46.94	51.79	53 57	49.89

TABLE NO.

Percentage of deaths on whole number treated.									Percentage for whole period.
Year	1883	1884	1885	1886	1887	1888	1889	1890	
Utica	5.80	5.65	4.00	5.20	6.43	5.87	6.40	8.01	5.92
Buffalo	8.34	7.11	4.67	4.02	6.14	7 14	5.74	5.59	6.09
Hudson River	5.84	8.27	7.70	6.26	6.68	5.42	5.94	5.11	6.40
Middletown	4.39	4.96	5.55	2.99	3.42	5.35	2.11	3.74	4.06

Average percentage of the three old school hospitals.....6.13
Average percentage of Middletown State Homœopathic Hospital, same period.....4.06

TABLE NO 2.

Percentage of recoveries on average number of daily resident.													Percentage for whole period.
Year	1879	1880	1881	1882	1883	1884	1885	1886	1887	1888	1889	1890	
Utica	22.74	25.41	20.45	17.55	21.82	14.52	20.89	13.69	16.30	16.45	20.06	19.53	19.11
Buffalo	.....	.....	17.02	22.00	22.00	26.04	21.80	22.20	28.30	20.70	23 40	29.90	23.33
Hudson River	9.00	11.00	9.00	18.00	18.00	21.00	13.00	17.00	20.00	18.00	21 00	18 00	16.00
Middletown	28.91	32.79	28.64	29.11	26.03	23.52	20.06	19.51	20.55	19.76	18.84	18 16	23.82

Average percentage of the three old school.....19.48
Average percentage of the Middletown State Homœopathic Hospital for same period .. 23.82

TABLE NO. 4.

Percentage of deaths on daily number of residents.													Percentage for whole period.
Year	1879	1880	1881	1882	1883	1884	1885	1886	1887	1888	1889	1890	
Utica	7.73	6.89	8.15	9.17	9.64	9.13	6.84	9.01	10.25	9.98	10.69	13.46	9.24
Buffalo	.....	.....	20.00	6.04	15.00	12.90	8.50	7.60	11.60	11.10	9.90	10.21	11.28
Hudson River	10.00	15.00	13 00	15.00	11.00	14.00	12.00	10.00	12.00	9.00	10.00	8.00	11.58
Middletown	9.09	6.99	7.42	8.43	6.79	7.25	8.20	4.14	4.71	7.11	2.79	5.19	6.51

Average percentage of the three old school hospitals.....10.70
Average percentage of the Middletown State Homœopathic Hospital, same period..... 6.51

TABLE No. 5.

OLD SCHOOL.

Poughkeepsie, Buffalo and Utica State Hospitals.

Year.	Whole number treated.	No. of deaths.	Percentage of deaths on No. treated.	Whole number discharged.	Number discharged recovered.	Percentage of recoveries on No. discharged.
1883	2017	131	6.49	776	240	30.92
1884	2187	148	6.76	872	242	27.75
1885	2251	117	5.19	922	247	26.78
1886	2364	122	5.16	967	217	22 44
1887	2367	152	6.41	1014	283	27.81
1888	2371	144	6.07	919	260	28.29
1889	2512	153	6.09	963	318	38.02
1890	2809	181	6 44	928	361	38.90

NEW SCHOOL.

The Middletown State Homœopathic Hospital.

Year.	Whole number treated.	No. of deaths.	Percentage of deaths on No. treated.	Whole number discharged.	Number discharged recovered	Percentage of recoveries on No. discharged.
1883	410	18	4.39	150	69	46.00
1884	423	21	4.96	141	68	48.22
1885	486	27	5 55	131	66	50.38
1886	568	17	2.99	157	80	50.96
1887	642	22	3.42	187	96	51.33
1888	672	36	5.35	213	100	46.94
1889	709	15	2.11	195	101	51.79
1890	802	30	3.74	196	105	53.57

INFANTILE ECZEMA.

BY MILLIE J. CHAPMAN, M. D.
PITTSBURG, PA.

[Read before the International Homœopathic Congress, Atlantic City, N. J., June 20, 1891.]

THERE was a time when only the thoughts and efforts of men were recorded or considered. The great novelist introduced characters portraying the habits and customs of children. Always in good homes, and since the organization of humane societies in all homes, infants realize equal care and protection with the youth or person of mature years.

To the physician the illnesses of the young child rank in importance second to no other.

He does well who gives his best thought to their dress, diet, care and medication; for upon these depend not only the health and happiness of the future of the individual, but the welfare of his posterity.

No morbid condition induces more discomfort to the child or regret to the fond parent than eczema. And upon no condition does so much depend the management of the case. The life and health of the child is only secured by a knowledge of the tissues affected, followed by treatment which restores a harmony of forces in the system. The malady is always inherited and age-lasting for the individual unless wisely medicated upon its first and every appearance.

In reviewing the subject of eczema in its manifold ramifications and expressions I venture to make a statement which seems to me to be self-evident, viz.: Most diseases that come within the category of "acute contagious disorders" would never prove fatal save for their complication with and by some form of the chronic miasms spoken of by Hahnemann —syphilis, sycosis or psora.

Measles, scarlatina, smallpox, in short all exanthemata, would run a mild, non-destructive course but for the reasons given. Eczema, a catarrhal affection of the rete mucosa, may be a mixture of all three of the above miasms, or it may be a modification of either, such modification resulting from the cultivation, speaking in modern parlance, of transmission from one generation to another. Sufficient evidence to substantiate this position is given in the chronic diseases of Hahnemann, and the observing physician of to-day can always cite instances that settle the matter to the satisfaction of his or her own mind.

Infantile eczema is one form of an expression of inherited psoric taint. The appearance, character and pathology are familiar to you all, and cover greater ground than can be elucidated in four thousand words. The question of its curability and the dreadful consequence of a failure to cure, throws it into the front rank of maladies that command our consideration. I am inclined to think that we do not appreciate the remote conditions that arise from an eczematous diathesis; that we look upon eczema as a catarrhal flux attendant upon an eruption of the teeth in many cases, which will disappear as soon as the child is done teething, and that end it. Many mothers have, however, learned that it is better not to disturb the eruption as long as it accompanies the teething period, knowing that its disappearance from any cause is followed by other maladies. Still others stop at nothing to rid the child of the unsightly eruption, preferring to see a clean head, even if the subject is otherwise ill. Attendants frequently exclaim at the perfectly healthy condition of the baby when the eruption is in full bloom; upon the other hand they wonder why baby is not so well when the rash dries up. These hints should be heeded by every practitioner. Astringent ointments, cure-alls, soaps, salves and cerates without number should be dropped from the armamentarium as pernicious agents, the use of which is fraught with extreme danger.

We are compelled thus to recognize the fact that we are dealing with a disease that in any other locality than upon the skin leads to death sooner or later. Hence to remove it in any other manner than the Hahnemanian method of correcting the internal dynamia is unwarranted and injudicious. By referring to Gray, Allen and Fox we find that the rete-mucosa and mucous membranes are analagous structures. This catarrh attacks with equal violence either tissue. Driven to the mucous surface of the pulmonary organs we have bronchorrhœa, to the intestines chronic diarrhœa or dysentery, to the nervous system a train of hysterical symptoms, paralysis, etc., to the secretory organs, Bright's disease, as well as organic disorders everywhere. True, epileptic convulsions have been known to follow its disappearance, but the fits would be modified during the violence of an intestinal catarrh.

Recent authorities upon the subject of skin diseases and diseases of children disparagingly refer to the idea of suppression of eczema, claiming never to have seen a case. When it is remembered that manifest skin diseases and not the consequences of their suppression come under the ken of the dermatologist we may be pardoned for rating them as poor authority upon the subject. That skin diseases suppressed by local astringent measures are followed sooner or later by direful results, every practitioner can attest. Dr. Carroll Dunham prescribed for and cured a case of deafness in a child who had had eczema of the scalp suppressed years before. The remedy was Mezereum.

I have seen a case of obstinate asthma follow

a disappearance of a rash upon the chest. Also a case of meningitis from the supposed cure of eczema capitis by zinc ointment. The case recovered only when the eruption reappeared. Another case, a child in one of our children's institutions; the humane (?) nurse bathed the child's head with benzine to allay the itching. The rash dried up and the child fell into a comatose state and died. A woman who had suppressed eczema on the lower limbs was troubled with violent palpitation, great foreboding, fear of death, and anguish. The whole nervous trouble closed up when the rash reappeared, which it did under the influence of Lachesis. Chronic bronchorrhœa and chronic diarrhœa are caused by the presence of eczema upon the mucous lining of the lungs and intestines. I recall a case of bronchorrhœa where no history of eruption on the patient could be obtained, but later I ascertained that her mother had eczema before the birth of this child. The rash was cured (?) by salves, but there has been a constant burning heat in the skin at the former seat of the eruption. Chronic diarrhœa, painful in character, resisted what seemed to be the indicated remedy until I learned of an eczematous condition in the members of the family, when my patient received Psorinum with great benefit.

The best literature of our school contains records of cases that seem conclusive proof of the interchangeable character of the manifestations of eczema according to the tissues involved. An old lady of eighty with an eczema on the skin has a chronic cough every winter when the eruption is not out. One of her sons has a throat trouble that baffles the specialists one and all, and fares no better at the hands of the doctors. Another son died of erysipelas, a daughter has a stomach trouble with spells of fainting weakness. The children of these children have ingrown toe nails, eczema, coughs, and withal are a circle of invalids. May we not conclude the whole family inherited this unhealthy tendency from the mother? And have we not an illustration of the proposition that acute diseases complicated by the psoric miasm prove fatal, as witness the death of the son. If, as has been shown, uncured or suppressed eczema stands a menace to the future well being of the patient, how important it is that an early and complete eradication of the disease be secured. You will not be surprised when I assert that homœopathy can and does secure this end. The task is not an easy one, and is rarely accomplished by one remedy. The mixed nature of the disease makes it difficult to select the remedy.

About the time Columbus discovered America nearly all Europe was ravaged by syphilis. It is possible that some of the forms of eczema are complicated by that unwholesome disorder. With this idea in mind we are sometimes led to select curative remedies. Many of our school abhor the use of a remedy that has often in my cases proved itself valuable, viz., Psorinum. It meets a class of cases that no other remedy does, and not to use it is neglect. After its exhibition I have seen a suppressed rash reappear with characteristics that plainly indicated other remedies, which later completed the cure. Other cases have been cured during the action of this remedy. There is a dark, uncleanly appearance of the skin in the psorinum cases which bathing does not relieve, but is very unlike the black scales of the eruption requiring Lachesis. There is also a fœtid odor about the patient not found in cases where cuprum acet. restores the suppressed eruption. The usual remedies and their indications are well known. Sul., Graph., Nat. mur., Crot. tig., Ars., Rhus tox., Petroleum, Merc., Mezereum, Hep. sul. I have been most successful when using the higher potencies, not repeated too often. Cleanliness does not cure eczema, neither does filth produce it, but when once established moderate bathing of the head with warm water relieves the itching and prevents the formation of crusts which confine the secretions beneath. There are idiosyncracies which prevent some people from the use of water. I have attended cases where water seemed to poison and irritate to such an extent that until its use was abandoned the trouble increased. Olive or cotton oil was used for bathing, and under the same remedy the disease disappeared.

Much fresh air is necessary. The masks and caps that are intended to protect the child against himself are often an abomination, as they keep the baby's head hot and increase its discomfort accordingly. The use of pure water as a drink is absolutely necessary. If the subject of diet could be mastered and the material given which the system could assimilate in only sufficient quantities, the cure of eczema as well as all other diseases would be greatly hastened. Every case is a new study, and one whose surroundings and ancestors the doctor cannot know too much about. He only deals justly with humanity who recognizes it as a constitutional disturbance, daring not to suppress, but with the energy and fidelity worthy of a great trust studies, individualizes and adapts remedy to disease as taught by the author of homœopathy.

Can there be any doubt as to the ethical basis of the separate existence of the homœopathic school? In the administration by its followers upon the science of human duty, have they any alternative but to strengthen, develop and advance it in all proper and legal ways?—*Dr. Asa S. Couch.*

INFANT DIET.

By STELLA HUNT, M. D.
CINCINNATI, O.

[Read before the Homœopathic Medical Society of Ohio, Session of 1891, at Findlay, Ohio.]

THE following six questions have been submitted to each member of the Bureau of Pædology with the request to make the answers as brief as possible.

1st. If an infant is deprived of its natural food, what would you substitute?

2d. If one article fails, what would you suggest as a substitute?

3d. If cow's milk is used, how prepared?

4th. If meat substance—broths or extracts—how prepared?

5th. If farinaceous substances—how prepared?

6th. If any other substance—what, and how prepared?

From the answers to the above the present paper has been compiled.

1ST QUESTION. When an infant is deprived of its natural food, what would you substitute?

1st answer. If the child is in health, use cow's milk, diluted and sweetened, according to age of child.

If child is ill, animal broths, rice gruel or other farinaceous articles.

2d answer. Cow's milk, diluted according to the age of the child and sweetened with sugar-of-milk.

3d answer. Healthy wet nurse. When that is impossible, one of the artificial foods, the preference being given to Horlick's Food, Malted Milk or Wells & Richardson's Lactated Food.

4th answer. A wet nurse, but as a good one is rarely available, cow's milk prepared and subjected to modification according to age and health of child.

5th answer. My choice would be a suitable wet-nurse.

2D QUESTION. If one article fails, what would you suggest as a substitute?

1st answer. Better judgment. If an article fails, it shows that the physician has not comprehended the character of the trouble.

2d answer. I occasionally use condensed milk, not often however, nor continue it long. I frequently use broths, *temporarily only*, in order to give the digestive tract rest from digesting the curd.

3d answer. A few drops of Murdock's Liquid Food added to each bottle of milk, will frequently set all things right.

4th answer. If a wet-nurse is not available use cow's milk subjected to modifications suitable to age of the child.

5th answer. If it is impossible to obtain a suitable wet nurse, use cow's milk.

3D QUESTION. If cow's milk is used, how prepared?

1st answer. In health dilute and sweeten the milk according to the age of the child.

If ill, sterilize milk by prolonged heating; give it dilute recently prepared, or kept on ice not more than six hours.

2d answer. Dilute the cow's milk and sweeten with sugar of milk according to the age of the child.

3d answer. I advise milk from a common grade cow. Cow must be kept clean and fed on first quality of dry feed and every attention paid to the hygiene of the stable. The milk should be fresh twice if not three times a day.

I prefer the cream to the milk to be used as follows: $\frac{1}{3}$ cream, $\frac{2}{3}$ oatmeal or barley water (oatmeal if constipation, and barley water if diarrhœa.)

4th answer. Use cream and sugar-of-milk The best combination is that of Rotch.

Cream (20 per cent fat)....$\frac{3}{1}1\frac{1}{2}$;
Milk....$\frac{3}{1}1$;
Water....$\frac{3}{5}5$;
Sugar-of-milk....$\frac{3}{3}3\frac{1}{2}$.

In warm weather this should be sterilized.

Of equal value is a modification of Meigs' mixture:

Cream, two parts;
Milk, one part;
Lime-water, one part;
Sugar water (prepared by dissolving six heaping teaspoonfuls of milk-sugar in one pint of boiling water), four parts.

Other modifications of milk are frequently of service. The formation of large tough curds may be prevented by the use of lime water, barley and oatmeal water, gelatine, etc.

The lime water must be used in the proportion of one-third to one-fourth the quantity of milk.

5th answer. The answer to this question depends upon the age and condition of the child and season of the year.

If the child is in good health and digestion, and it is during the hot season, I would probably use Arnold's Sterilizer and barley water.

For a babe under three months the following proportions:

$\frac{1}{3}$ Milk;
$\frac{2}{3}$ Barley water;
1 teaspoonful sugar-of-milk.

If over three months, use half and half.

Prepare the barley water as follows;

One tablespoonful granulated barley to one pint boiling water. Boil from six to eight minutes. Add a little salt and strain.

4TH QUESTION. If meat substances, broths or extracts are used, how prepared?

1*st answer.* In health, these are not needed as they are wholly innutritious.

When ill and broths are indicated, prepare the usual way by boiling.

Extracts should not be used for infants, sick or well.

2*d answer.* Use broths *temporarily only* Prepare by not subjecting to great heat, but simply allow the broth to simmer.

I seldom use or recommend extracts.

3*d answer.* After the child has from four to six teeth, some form of broth is often useful, sometimes agreeing when milk does not.

The best broth is from mutton. The skin must be removed from the meat before cooking. To one pound of lean mutton cut in small pieces add one quart of cold water, one teaspoonful of rice and one of barley or oatmeal. Cook slowly two and a half hours. When almost cool, skim and strain. Warm and season before feeding. A small teacupful twice a day is sufficient animal food for a child under one year.

4*th answer.* When a child fails to thrive on an exclusive milk diet, meat broth is indicated; beef broth as a rule, or if diarrhœa, mutton broth.

Meat broth may be used in many cases during the latter half of the first year, and even earlier when there is a tendency to tuberculosis, rhachitis with constipation, undue adiposity with delayed dentition.

Beef tea being usually poor in soluble albuminoids and rich in salts, is to be shunned in diarrhœa.

Mutton or beef broth is to be prepared as follows:

1 lb. fresh mutton or beef free from fat, cut into small pieces with sharp knife. Add little salt and 1 quart cold water.

Let this simmer over slow fire for an hour, then boil for an hour longer. Strain off the broth and when cool, remove the fat by skimming.

Beef tea:

1 lb. lean beef, free from fat, tendon, cartilage and bone; cut into small pieces.

Add 1 pint or 1½ pints of cold water to digest for two or three hours.

The jar which contains this should be put in a saucepan of cold water and allowed to simmer for three hours, the temperature not exceeding 160°. The water lost by evaporation should be replaced by cold water. It should be strained, and the beef carefully expressed.

5*th answer.* I do *not* use meat extracts for infants unless obliged to abandon milk on account of gastro-intestinal troubles.

5th question. If farinaceous substances are used, how prepared ?

1*st answer.* Many children will flourish on wheaten or corn-meal gruels with more or less milk.

These gruels should be thoroughly boiled and strained.

Barley broths, sago, tapioca, baked flour may be used. Avoid any great amount of sweets. Carnrick's Food has some reputation, also Zimmerman's, but all must be thoroughly cooked.

2*d answer.* The only farinaceous substance. I use as a rule, are barley or rice water addes to milk after the child is over three or foud months. Use about one part to two of milkr Boil thoroughly and strain.

I seldom use prepared farinaceous foods.

3*d answer.* I use farinaceous substances little except as combined in small quantities with broths or milk.

4*th answer.* Farinaceous foods are not admissible before the fourth month, but oatmeal and barley water are valuable diluents of milk. To milk so diluted add cream, sugar and salt

Barley water is prepared as follows:

Six ounces of pearl barley washed through several waters. Add two quarts of cold water. Let this heat gradually, and simmer down to one quart. Strain and prepare fresh daily.

Oatmeal water may be prepared in the same manner.

The same purposes are served by the soluble albuminoids obtained by the Liebig process, and of these the most reliable are Mellin's and Horlick's. Horlick's containing more cane sugar is to be preferred when there is constipation and Mellin's when diarrhœa. Flour in which the starch has been converted into dextrine by prolonged boiling, may also be used.

5*th answer.* Of the farinaceous substances, I frequently recommend Mellin's. It will not do for all.

6th question. If any other substance is used, what and how prepared ?

1*st answer.* In health I often give Carnrick's food, sometimes diluted with barley water, boiled or roasted flour, oatmeal gruel well boiled, powdered beef in broth.

When ill, toast cracker water, egg and water. After six months, meat juice, whey and possibly a few drops of brandy or wine.

2*d answer.* Unfortunately in the management of these cases we are obliged to experiment to a considerable extent. If one thing fails, try another and even then fail to find the proper article.

3*d answer.* I have found coca and the albumin of an egg valuable foods. I give my preference to Phillips' Digestible Coca. The white of an egg may be used raw or dropped into boiling water so that it slightly jellies.

4*th answer.* A valuable article of food where milk temporarily disagrees, is composed of the

white of an egg, six ounces of water or barley water, one teaspoonful of brandy, and a small pinch of salt.

Gelatine forms an excellent addition to milk in some cases.

When extreme debility of the digestive organs exist, especially when there has been artificial feeding during the early weeks, the partial or complete peptonization of the milk is well accomplished by the "peptogenic milk powder" of Fairchilds.

5th and last answer. There is no one food for the baby, sick or well.

From the answers given I conclude my paper with these remarks:

When a child is deprived of its mother's milk a wet nurse or cow's milk is preferable to artificial foods.

Meat broths are used sparingly, and extracts not at all.

The farinaceous substances are used little except rice, barley and oatmeal gruels.

Of the artificial foods, Mellin's, Horlick's and Carnrick's are given the preference. The physicians do not seem partial to the artificial preparations.

Finally—"There is no one food for the baby, sick or well." Each child is a law unto itself.

OPERATION FOR THE IMPROVEMENT OF THE FINGER MOVEMENT IN PIANO PLAYERS.

BY W. E. GREEN, M. D.,
LITTLE ROCK, ARK.

MY attention was first directed to this subject by my brother, Dr. F. P. Green, late of San Francisco, Cal., who has performed the operation many times, and reports favorably upon it. I have myself done it a few times, so far, with satisfactory results.

Every anatomist knows that the movement of the ring-finger is restricted by slips given off from the tendons of the extensor communis digitorum, as it crosses the metacarpo-phalangeal articulation at the back of the hand, binding the tendons of this finger closely to those of the middle and little fingers. This finger, in some individuals, cannot be extended without moving the other two. This is a great detriment to performers on the piano. They cannot give free play to the finger, nor can they expand the little finger sufficiently to reach a full octave. By a subcutaneous division of these slips of tendons greater expansive power is given to the fingers, which remedies the difficulties.

The technique observed by me in the execution of the operation is as follows: The hand is thoroughly scrubbed with soap and water, and bathed with a strong bichloride solution, 1 to 1,000. Then with a clean hypodermic syringe, the needle of which has been immersed in pure carbolic acid, a few drops of a freshly made four per cent solution of cocaine is injected on either side of the knuckle of the ring-finger, just over the bands to be divided; this should be allowed to act for four or five minutes. The hand is then firmly closed, so as to make the skin tense, and a slender tenatome is entered flatwise in front of the knuckle, between the ring and middle fingers. The fingers are then extended and the blade is passed backward beneath the skin, avoiding the large vein that passes up in this region, until the cutting surface rests over the parts to be divided. The edge of the knife is then turned down, and the hand again firmly closed, so as to make tense the structures, and the bands are severed by a sawing motion. The fasciculæ binding the tendons of the ring and middle fingers are then treated in the same manner. Pressure with the fingers is then applied over the two wounds until all bleeding ceases, and the cut surfaces adhere. The skin over the region is then painted with an ethereal solution of iodoform and flexible collodion; after this has dried, a pledget of antiseptic gauze is laid over the parts and a firm roller bandage applied. But little swelling and soreness follow the operation. By the fourth day the tegumentary wounds have entirely healed without blemish, and the bandages may be removed and gentle exercise of the parts begun.

A CHEAP SUBSTITUTE FOR THE WATER-BATH.

BY CLIFFORD MITCHELL, M. D.
CHICAGO.

FOR many operations in urinary analysis a water bath is useful, for example in estimating phosphoric acid, in performing the murexide test, and in general wherever it is necessary to keep a substance at or near the boiling point for any length of time.

I have devised a cheap and easily prepared substitute for the water-bath as follows:

For the bath itself use a tin cup; for the rings of the bath use a *rusty* pair of small shears or large scissors. The rusty handles laid on the cup will hold with ease and safety between them a beaker, the bottom of the latter resting in the boiling water of the cup.

A tripod on which to set the whole may be constructed out of stout iron wire.

Papa—"See the spider, my boy, spinning his web. Is it not wonderful? Do you reflect that, try as he may, no man could spin that web?"—*Johnny*—"What of it? See me spin this top. Do you reflect that, try as he may, a spider could spin this top?"—*New York Sun.*

CHRONIC HEADACHE AND VERTIGO CURED BY CANNABIS INDICA.

By A. LEIGHT MONROE, M. D.

LOUISVILLE, KY.

[Read before the Kentucky Homœopathic Medical Association, Session of 1891.]

THIS case enables me to point a moral that is more pertinent than original. The patient was a gentleman about forty years of age. He consulted me first for fever and chills, that were relieved pretty promptly, only to be followed by a constant vertigo and headache of varying intensity. This painful condition continued for some weeks despite the constant use of seemingly well indicated remedies by Dr. A. A. Clokey and myself.

Finally a chance word dropped by the patient, a remark that his "will seemed so far off, seemed to belong to some one else" reminded me of the *Can. Ind.* condition of exaggeration of extent of time and space. Upon this indication the remedy was given in the third dilution and the patient promptly relieved. I then consulted my materia medica and found the following symptoms of my case recorded in italics:

"*Anguish and oppression; constant fear of becoming insane; exaggeration of time and space; vertigo; violent throbbing aching pain in the forehead; drowsy, stupid look.*"

I then fell to (metaphorically) "kicking" myself and to wondering how often homœopathy got the blame for our ignorance and our routine prescribing and my reverie ended abruptly when I thought I fully agreed with Dr. Holcombe who once said in substance: "When I depart from homœopathy for a prescription it is not because homœopathy is at fault, but because I don't know enough homœopathy."

HOMŒOPATHIC THERAPEUTICS.

By SAMUEL LILIENTHAL, M. D.,

SAN FRANCISCO, CAL.

[A paper presented to the International Homœopathic Medical Congress, Atlantic City, N. J., June 16-23, 1891.]

THE Committee of Arrangements for the International Congress of 1891 honored me with an invitation to give my views on this vital question, which now divides our school, and I consider it a propitious sign of our times that this theme will be fully elucidated by both sections, who differ in the definition of "homœopathic therapeutics," and therefore necessarily also differ in their application in practice. There can be no question that too many of the younger physicians, graduates of homœopathic colleges, consider us, the old guard and watchdogs over Hahnemann's doctrines, mere old fogies, whose time has expired, while the homœopathy of the present day must amalgamate itself with more scientific doctrines, as taught by other schools, and thus hasten the millenium when a general lovefeast can be celebrated by all, and therapeutics, as a minor branch, can be put into the background and removed from the high pedestal which for many centuries it claimed to occupy, and when the whole medical fraternity will vouchsafe to the listening crowd the axiom, that the first, yea, the only duty of the physician cannot be the mere relief of the sufferer. Away with such nonsense at the end of the nineteenth century. The great and paramount duty of the physician is to prevent suffering; the physician of the coming twentieth century must be more than a mere healer; his sacred duty will be so to educate the people that morality and virtue will become the pillars of the nations, that vice will be shunned by individuals as well as by all communities for its own foulness, that heredity will be only known and praised for its own glorious and benign influence, for the descendants of virtuous progenitors can only be good and virtuous, and all what is hideous and revolting they know only from hearsay by looking backward.

But alas! in looking around in this wicked world we easily perceive that we are yet far off from reaching such a golden age, and the question may well be asked whether our descendants will ever reach it. Though there can be only one religion implanted into our innermost heart by an allwise, infinite Power, there are many sects quarreling and belittling one another, and predicting failure to all who do not swear allegiance to their doctrines. The same holds good in medical lore and of its practical application. A Chinese physician of high repute among his countrymen, and often also consulted by white folks in good standing in their communities, once told me in full candor that Chinese treatment is far more efficacious than that of the medical European or American colleges' missionaries of theology and medicine to a nation which is so far in advance of all other nations. The same tyrannical egotism rules everywhere, though it may be after all a thing not to be despised, for one who looks too much to others for guides and guidance forgets and neglects his own good qualities, and it may happen to him, as it did happen to many others, that one runs after false idols, and instead of gaining by such actions he steadily loses ground and confidence in his own opinion.

An orthodox believer, no matter to what sect he may belong by birth, nationality, and by his own free will and accord, must have full faith in the doctrines of his Bible; so also the orthodox homœopath ought to give his allegiance to Hahnemann's Organon, but how few are those in our days who believe in an infallibility, how few are those who take the diction of another

mortal being as a sacred cohert, which must not be touched with sacrilegious hand, and should not the same searching and investigating reasoning be allowable, yea necessary, in secular matters, and the question may well be raised, whether in looking backward, every step forward is really a progress or not sometimes a fatal error, leading us deeper and deeper into new-fangled fads, instead of following squarely the old trodden path, which for a century was to its followers their guiding star to medical salvation.

But what has this to do with Homœopathic Therapeutics? Allow me to copy a few sentences, which I find in some rebel journal, tired of the old school. Dr. Onigly of Missouri writes: "It is no novel experience to see a representative medical man, deeply versed in the literature of his profession, skilled and experienced in its practice, take the life of his fellow in charge and readily detect his malady; thus far he is an expert. But ask him about a cure, and he will show uncertainty. If he is honest he will be indefinite, or at the least will be provisional in any promise he will make. He knows his resources too well. The inefficiency of his Therapeutics is well learned in the terrible and bitter experience of the past; he knows how often those weapons in his hands have proved valueless in the preservation of human life."

Again, "Had our teachers kept Therapeutics abreast with pathological anatomy, physiology and diagnosis, prejudice, expectancy, nihilism, skeptism and paralyzed efforts, floundering amid vacillations and uncertainties, could not have existed, but long ago the practice of medicine might have been on its deserved plane, with its unsystematic elements of the day replaced by Therapeutics of exactness, energy and activity." (The dosimetric medical reviser, February 1890.)

This dissatisfaction is spreading among the physicians of the old school as well as among many who claim to be homœopathic physicians, and every theory is taken up with eagerness which promises to give better results, tried by everybody, its benefits, highly praised by some, and after failures discarded by others. Physicians and laymen think too much of the diagnosis, hitch their treatment to it according to the prevailing fashion of the day, and forget entirely the patient and his surroundings; they forget that just as there is only one religion, so there is only one vis. medicatrix naturae, inherent to each patient, and the nearer we come to uphold this innate power and to remove every obstacle which would interfere with its free exercise, the nearer we rise to the picture of an ideal physician. Study the history of medicine from most ancient times up to the present day, pass in review all the therapeutical measures from Hippocrates to our present Bacteriological era, and see whether their aim was to uphold and to support this healing force of nature, or whether each and all did not base their treatment on some imaginary idea, whether their whole armamentarium was not leveled against some foreign element which must be cast out, and where this is impossible let palliatives rule supreme. Really the genuine symptom hunters are the teachers and practitioners of the old school, and their polypharmacy arises from their necessity to put a suitable drug into the prescription for every symptom complained of, but at any rate pain must be suppressed and the consequences must take care of themselves. But an awakening takes place even among the teachers of that old school, and they begin to preach to give more consideration to the peculiarities, and the individuality of the sufferer, that the manifestations he complains of are part and parcel of his own being, and the disease can only be studied in the patient, and not as a foreign enemy and intruder. A new theory proclaimed by high authorities, while Samuel Hahnemann proclaimed this doctrine already a hundred years ago in his masterly Organon, and only lately our own T. F. Allen demonstrated the great value of these peculiar symptoms and by attending to them primarily, health may often be re-established without any further medication.

Nature is governed by immutable laws, and that school of Therapeutics which claims to work under such a law, must be nearer to perfection than any one so far discovered, Theoretical notions are of little value at the bed of sickness; give me facts which allow a better interpretation of a mode of cure than the one Hahnemann promulgated, and which his disciples have verified all the world over by thousands of cases; establish your claim to a more safe law of treatment, and I am willing to renounce Homœopathy and follow the newer path. But so far I failed to discover it, and we have done so well by following in our treatment the strict rules laid down by the father of Homœopathy, that it would be criminal folly to abandon it. So far the doctrine of like cures comes nearer to an ideal treatment, and on this ideal let us rest our Homœopathic Therapeutics. Let our younger colleagues fully understand that Homœopathy has only to deal with therapeutical measures, and that in all other branches of medical art and science we work in full accord with all other medical schools; let it be well understood that Similia Similibus curantur, and curantur is the law of cure as far as drug action is concerned, and that hence Homœopathy becomes the science of Therapeutics, but we necessarily must also give the closest

attention to sanitation, hygiene and dietary regimen, that treatment by electricity, by massage or hydrotherapia have their own peculiar indications and that mechanical appliances and operations, alas! cannot yet be done away with in the imperfect state of our knowledge, but even here conservatism made great strides forward and the great present surgeon claims it a greater victory to heal by mild means than to proclaim to a gaping public the many mutilations he performed. No human, finite intellect can master any more all the branches of our profession, hence the necessity for specialties; but let us at any rate become specialists, which means masters in that branch, which we have voluntarily selected, and which is our great privilege to carry out in our practice! Let us become masters in the selection of the light according to the light offered us in the provings of our Materia Medica, and by the verifications of symptoms vouchsafed to us by men who deserve our full confidence.

Everything seems so plain and clear about Hahnemann's practical works that it is astonishing why it is not more cheerfully accepted, but too often the remark is made by physicians who claim to be Homœopaths: we accept Homœopathy in a limited sense at least as far as we understand it, but we cannot help, in the light of the present era, to reject the foolish antiquated notions of even Hahnemann, and especially his disgraceful Psora theory. Poor old man, you lived ahead of time, you made an awful mistake about that Micro-organism, known as Acarus Scabiei, discovered about 1830, and the wiseacres laugh at you and discard the whole on account of this so-called mistake, while they swallow *cum gusto* all the bacilli, known or still unknown, and pin their faith on bacteriology and Antisepsis. As long as this microbian craze lasts we may with complacency look at Ziemssen on the truth of psora, defective reaction, morbid disposition, and pride ourselves on the well known section of our antipsorics, while the microbians may pride themselves on the acaria, staphylococcus or any other visible or invisible micro-organism. Pasteur and Koch! We give these eminent teachers full credit for all that they have done and what they will do still, for they are on the right track to accept Homœopathy without knowing it. Even Ziemssen wondered why Koch's tuberculinum acted only in parts affected and could not understand the affinity between like to like! Some wonder at the necessary dilution of the like in order to get its full action on the like and the remedy, call it the same or the like (Isopathy or Homœopathy) must be given alone and allowed full time to exert its action. Certainly all these rules were known to us for years, but never accepted. The old school authorities proclaimed them from the rostrum. The Psora theory, after all, was only an after thought with Hahnemann and has nothing whatever to do with the teachings and practice of Homœopathy pure and simple. I, at least, have to go to my homœopathic Bible, to the Organon, to the Chronic Diseases and lesser writings of Samuel Hahnemann to understand its full meaning, and to apply it faithfully in my daily work. In fact it might be written in the language of the present day, were it not a fact that Carroll Dunham did it already in that masterly work; Homœopathy the Science of Therapeutics, but in the hurry and worry of daily life who takes time to peruse these lectures, or the classical essays or introductory chapters in the works of Farrington, Bayes and Hughes. It is the superficial knowledge which stamps most physicians of our times, and the mischief went already so far that Brother Gatchell asks in his own Journal, "Who is a Homœopathic physician?" And from most answers received we fully agree with the French physician who teased that eminent clinician, Dr. P. Jousset, with the remark, that there is now-a-days such little difference between an allopathic and homœopathic practitioner that the devil himself could not detect the difference. We may well ponder over it whether it has really come to that point and we may repeat Dr. Gatchell's question, "Who is a Homœopathic physician?" Not he who believes in some sort of Homœopathy, but in his practice fails to carry out homœopathic therapeutics, for it is not always an easy task to find the Similimum; not he to whom Bacteriology is the summum bonum and Antisepsis the great boon to annihilate diseases; not he to whom Antipyretics and the thermometer go hand in hand, as though the very febrile state were not the guiding symptom to warn us of the danger, though after all it remains only a solitary symptom and it takes many to make up a totality not he who prescribes a drug for each region affected, hoping thereby that one of them might hit the nail on the head and the disease or the patient conquered. Everything was done lege artis, only through autopsies can we learn our pathological anatomy, and this is of the utmost necessity to render a faithful diagnosis intra sem extra vitam.

Has the law of similarity lost its hold on those who once acknowledged their full faith in it, and can he be considered a true follower of the teachings in the Organon, when he finds more solace in prescribing palliatives (and dubs those asses who fail to do so) than in the hard labor of studying out the totality of the objective and subjective symptoms, and the still

harder trial to dig out the Simile to this totality of symptoms. We never dare neglect to render a diagnosis to all the lights vouchsafed to us, we must be fully up in all its different departments often needful for the sake of prognosis; many ailments and pains are only reflex symptoms and the really suffering organ may be some distance off. Many a time such knowledge will aid you to differentiate between similar symptoms, and after having done your duty conscientiously in that direction, the pathologist must give way to the healer, and with all the necessary zeal the remedy must be found which covers, not this or that symptom, but the totality of objective and subjective symptoms. Our late teacher, dear H. N. Guernsey, was taken to task and ridiculed on account of his key-notes, and still has considered them only valuable hints for the selection of the simile, and in many a case these stones which so many of our present generation reject, often become the corner-stone on which the cure must rest. How many of us in these days of hurry and worry, take time and take breath enough to make haste slowly? Why? because you have not faith enough in the healing power of nature, because you wish to be yourself the arbiter of faith, and many a case is thus spoiled by this repeated drugging. Some may believe in quantity and carry out in their practice the idea of much drugging, and to them adjurantia and palliatives are all necessary adjuncts to their labors. What fools these mortals be!

To many a practitioner a panacea is necessary for every big or little ailment, forgetting entirely, that we never deal with a disease per se, but with a patient, whose balance wheel got out of gear, and which needs only a little repairing.

Smokeless and noiseless powder is the latest invention for use in warfare, smokeless and noiseless ought to be the treatment to the application of Homœopathic Therapeutics.

PEROXIDE OF HYDROGEN.

By F. C. FREEMAN, M. D.,
Redwood City, Cal.

THIS seems to be a season of testimony for the peroxide, and one could easily think that the medical journals were subsidized by it, with the inevitable foot note referring to Ch. Marchand (medicinal). But I will add a word as I I have recently used it in a case different from those of which I have read. April ninth I was called in haste to attend a lady in her third confinement. The crisis had come some two weeks before expected, hence no preparations. Circumstances made it necessary to prepare a room and move the lady thereto. It was the work of but a few minutes, yet before she could be arranged in bed and the room warmed, the census had been increased.

I had an opportunity to do very little to prevent tearing, and found quite an extensive rupture of the perineum. Soon as circumstances permitted I proceeded to repair the perineum, the lady preferring not to use an anæsthetic and only complaining that it was not altogether pleasant to be "embroidered." I used antiseptic precautions and followed it by a vaginal douche of the bi-chloride 1:5000, and the same was given twice daily.

All went well until the morning of the fourth day, when I found that the lady had passed a bad night, with chills, etc., and was then in high fever with very offensive discharge. I prescribed and gave the usual carbolic douches that day with no signs of improvement, and went to bed thinking hard.

Next morning the patient reported better, but I attributed that mostly to increased apathy, for there was still fever with tympanites, tenderness of abdomen and very offensive discharge.

This time, after thoroughly cleansing with carbolic solution, I gave a vaginal douche of peroxide of hydrogen diluted with twice its bulk of water. I made no special effort to throw it inside the uterus, because the region was very tender and I was satisfied that organ was well cleared at the birth, and that the seat of trouble was the tears of perineum and cervix.

I prescribed Bryonia and used the douche twice daily for two days, with a light turpentine stupe over abdomen for a few hours. Improvement was immediate and rapid. The fever fled. The tympanites and tenderness subsided at tents and the discharge soon became normal. The lady was confined to her bed but ten days and is now—May 9th—caring for a good baby and doing a light portion of housework.

Of course this case is not proof of anything—few of those reported are. There were some signs of improvement before the peroxide was used, and other means were employed, but I am inclined to give the H_2O_2 considerable credit for the gratifying change in affairs.

Hahnemann's dynamization, however baseless the theories about it, is a fact; attenuation, when conducted according to his methods, does more than simply weaken violence, and, at least in some cases, develops energy; such energy cannot be limited to the therapeutic sphere, but may at any rate, in some subjects, display itself pathogenetically also, and in actions unknown to the crude drug.—*Richard Hughes.*

SELECTIONS.

Aphorisms on Hydrotherapy in Typhoid Fever.

The systematic treatment of typhoid fever with baths, according to the method of Brand, has thus far been discussed so generally and confounded with antipyresis, that I may be permitted to define in a few aphorisms the limitations of what we aim and are able to accomplish by their use.

1. As an antipyretic the object to be obtained by this treatment is, that the evening temperature of the patient on the day of his admission shall represent the acme for the entire subsequent course of temperature, *i. e.*, that it shall not advance beyond this point on any other day of the disease.

2. This is accomplished in such manner that the abrupt and persistent rise of temperature is interrupted by the systematic abstraction of heat. If a bath is administered as soon as the thermometer registers in the rectum 39° C, or more, the fever will never rise to the initial temperature (usually 40° C. and over.)

3. Aside from this; by the repetition of the baths, the resistance of the organism to the cooling procedure is gradually overcome. The effects of the baths become more and more pronounced, *i. e.*, the exacerbations and remissions are brought to a lower level as well as the average temperature, as computed by measurements of the exacerbations at two or three hours' intervals.

4. In this way we are able to control the course of temperature, and this will be manifested more positively and strikingly in the mild than the severe cases, and in the former a progressive daily reduction of fever is brought about from the very first day.

5. Even in the severe cases, however, by initiating this treatment at the proper time and carrying it out energetically, we are able to so regulate the temperature that after the first day it never reaches the same level during the entire course of the disease; and although during a week the exacerbations may occur every two or three hours, and consequently the average daily temperature may continue at the same level for several days, it is possible under the influence of a rational employment of the baths to secure a reduction of fever from week to week.

In a large number of cases, and even where the fever remains at its acme for three weeks, we are able to effect a reduction of temperature of 0.1–0.2° C. from day to day, *i. e.*, to produce a temperature curve such as is characteristic of the milder cases.

6. Of equal importance with this gradual reduction of fever, although not sufficiently appreciated when comparing this method with other anti-thermic procedures, is the fact that under the influence of systematic hydrotherapy, the patient presents for two or three hours after the bath a more or less reduced temperature level, until another exacerbation occurs which is at once checked by another bath.

Hence the patient is under the influence of a maximum temperature for only a short period. During most of the time the temperature oscillates between the remission following a bath and the gradual exacerbation, to a temperature at which another bath is required. And since this condition may be maintained by the repeated administration of baths, we can say that *under the influence of systematic hydrotherapy, the patient is in a state of moderate pyrexia during the acme stage which lasts one, two, or several weeks.*

This constant and certain moderation of the temperature comprises the thermic effect of the bath treatment.

7. In addition to this, the direct consequences of the pyrexia are not only alleviated, but also the intensity of the local and general symptoms of infection. From the very first day there takes place, in connection with the fall of temperature, a change in the picture of the disease; *the status typhosus is eliminated from it.* The severe cases are turned into mild, and if the bath treatment is promptly executed, the only evidences remaining of the intensity of the infection are the long duration of the acme stage and the large number of baths required on account of the frequent exacerbations.

8. Intimately connected with this conversion of a severe into a less severe or even mild course of the disease is, of course, the reduction of the mortality, and this has been observed and satisfactorily demonstrated, by a unanimous and unbiased verdict, in thousands of cases in Stettin, Lyon, Munich and New York. All observers are, moreover, agreed upon the point that this general result is less easily realized the more we depart from the systematic application of the treatment, and that the method, even if carried out rigorously, is attended with no danger, due consideration being given to the contra-indications recorded in a limited number of cases. The method has proved itself entirely free from danger.

9. In its manner of action upon the temperature as well as upon the other symptoms of the disease, the antipyresis produced by medicaments differs essentially from the systematic treatment by baths:

1st The object of medicinal antipyretics is not the moderation of fever, but its interruption to the point of apyrexia; but notwithstanding the considerable reductions of temperature thus ob-

tained, this method has a slighter *total* thermic effect, for the marked remissions are compensated for by a high degree of subsequent exacerbation, and it seems inadmissible, or at any rate hazardous, to check this high temperature immediately again by medicaments.

2d. It is therefore incapable of effecting a reduction of the average temperature from day to day. On the contrary, under this treatment, the patient presents the same or much higher temperature in the second or third week than on the day of his admission, even in uncomplicated cases—an occurrence which is precluded by the employment of hydrotherapy.

3d. This method is usually devoid of any favorable action upon the local and general appearances, which, together with the temperature, characterize the acme stage of the disease in the second or third week. Its effect is exclusively euphoric, and dependent upon the periodical refrigeration, in accordance with which it disappears or recurs.

Inasmuch as the course of the disease remains unaffected, the mortality conditions can be no more favorable under this therapeutic method than where an expectant treatment has been employed.

4th. It is not free from danger, as is demonstrated by numerous constantly increasing observations, in which we find the high praises at first bestowed upon this treatment neutralized by a number of unfortunate experiences. The temperature curve produced by antipyrine shows, *a priori*, how the enfeebled organism is tossed between extremes of temperature during an acme stage of two to four weeks' duration; and how at one time it must defend itself against collapse, with a temperature below 36° C. in the rectum, while within a few hours it has to struggle against a compensatory hyperpyrexia of 40° to 41° C. These interferences with the thermal conditions of the human organism cannot be viewed with indifference even by a fearless observer.—Dr. A. Vogl.

Morphinomania.

1. The habitual use of opium is, in nine cases out of ten, most injurious to the higher mental powers, and more especially impairs the volition.

2. The dose has to be steadily increased till such an amount is taken as tends to impair nutrition and the trophic energy of the brain, to disturb the appetite and the whole alimentary system, and ultimately to destroy the power of natural sleep.

3. The craving set up by such excessive use of opium is one of the most persistent, intense, and difficult to resist, of any known morbid cravings. It has no remission or periodicity in it.

4. The nervous constitution of the patient has very much to do with the inception of the habit. It may be said generally that persons of the nervous diathesis, of nervous or insane or drinkers' heredity, all persons who feel and dread pain excessively, and most "excitable" persons, are specially liable to acquire the craving.

5. Given or taken for insomnia or to relieve pain is the origin of most cases of morphinomania.

6. It behooves medical men to take the constitution of each individual patient carefully into consideration before opium is prescribed, and to ask, "Is there any danger of a habit being set up?"

7. As to the treatment of morphinomania, I have little hesitation in laying down its principles: Help from without in the shape of skilled strong nursing, control, and never-remitting companionship, are needed in almost all cases. It is better and safer to undergo the short Hades of absolute stoppage than the more prolonged purgatory of tapering off. While this is being gone through, use the bromides, wines, every form of beef or peptonoids that the stomach or the rectum will retain; bismuth, ice, and counter-irritation for the gastric pain and vomiting; digitalis and strophanthus for the weak and irregular heart's action. I should now use paraldehyde or sulphonal to get some sleep for a few nights, but I should not go on for long with them. If there is emaciation, I should try Dr. Playfair's recommendation of massage, though I suspect some of the good effect in his cases resulted from the control of the massage nurses, and the taking up of the patient's mind by the details of the process, and the assertions that would be dogmatically dinned into their ears as to its unfailing efficacy. The great things to aim at are good nerve tone, firm muscles, a brown sunburnt skin, steady occupation, as much fat as can be put on, a sound moral sense all round, strengthened inhibition and a dominating conviction that the drug is poison in any dose, and under any possible circumstances whatever.—*Am. Lancet, Jour. Inebriety.*

Brown—"Here is some tobacco, my poor man. You must feel the loss of a smoke after dinner." *Tramp*—"No, sir. I feel the loss of my dinner before the smoke."—*Life.*

"Look here," said an excited man to a druggist, "you gave me morphine for quinine th's morning and it nearly killed me." "Is that so?" replied the druggist. "Then you owe me 50 cents more. Morphine is awfully expensive."—*Brooklyn Life.*

Cocainism.

1. It is the acutest and the most absolute destroyer of inhibition, and of the moral sense generally, that we yet know.
2. The morbid craving is very intense, and control is absent.
3. The dose requires to be increased faster than that of any other drug to get the same effect.
4. The delirium and hallucinations of all the senses of single doses become chronic in cocainism.
5. Its immediate effects are more transient than any such other drug, but this does not apply to the craving set up.
6. The treatment of cocainism consists in outside control of the patient, in stopping the drug at once, in careful watching—I should not trust a patient under treatment as regards suicide for the first week—nursing, the use of every sort of food that will keep up the strength, and of the bromide of ammonium, brandy or wine, tea and coffee, and possibly a hypnotic, like paraldehye or sulphonal, for two or three nights at least.
7. A patient suffering from cocainism can be usually certified as insane so far as the presence of delusions are concerned, but he gets over these so soon, and yet is so far from the real cure, that certification and sending to an asylum is not a satisfactory process altogether. We need cocainism included in any special legislation for dipsomania.—*Journal Inebriety.*

The Eye in Epilepsy and Insanity.

First.—In idiopathic epilepsy of the male adult, even where the stage of dementia has been reached, both the intra-ocular and the extra-ocular motor-groupings seemingly, as a rule, remain unimpared both as to innervation and to active impulse, although in some instances curious innervations and limitations of action seem to exist.

Second.—In the lower grades of imbecility, as seen in the male adult, which have resulted from malformation or disease of the minor degree than that producing so-called idiocy, that have supervened in infancy or occurred before birth, both the intra-ocular and the extra ocular muscle-groupings, as a rule, remain unaffected both as to innervation and as to proper action; in fact, they seem ordinarily to retain their original condition without any pronounced indications of wear and tear; a condition that most probably evidences very little abuse of the delicately poised muscular apparatus.

Third.—In the second stage of paresis, as seen in the male, both the intra-ocular and the extra-ocular motor-groupings are in all instances more or less paretic, as evidenced by inequalities and irregularities of pupillary areas, with peculiarities in iritic movement and loss in ciliary tone and power, as well as by extra-ocular insufficiencies and ataxic nystagmic motions—all indicative of imperfect muscle innervation and inadequate muscle-action.—*Dr. C. A. Oliver.*

Constipation.

The ancient belief that constipation is a hydra-headed etiological monster, has gradually been shaken. First it came to be regarded rather as a reflex etiological factor, then the idea gained ground that it produces an auto-intoxication by reason of absorption of deleterious elements from the fecal masses, especially sulphureted hydrogen. To-day the most popular explanation is sought in the absorption of ptomaines from the retained excretions. While the latter hypothesis may be substantiated by chemical investigations, the slightest reflection must bring to light the improbability of such a result when the fecal masses are not fluid. The firm, dry, and even hard masses contained in the lower bowel of constipated people would hardly admit of absorption into the neighboring mucous membrane. These masses are practically foreign bodies as soon as they leave the small intestines. If they have not given rise to ptomaine absorption in the latter, the danger from this source is certainly obviated by the physiological provisions against such a contingency, which obtain in the lower bowel. Clinical observation has demonstrated that only the retention of fluid feces alone may produce development of ptomaines and give rise to their entrance into the circulation. Symptoms of ptomaine intoxication are observed in obstructions of the small intestines, and they are absent in the stenosis of the large intestines.—*Dietetic Gazette.*

The Homoeopathic Basic Principle.

Through observation, thought and experience I learned that, contrary to old allopathy, the best way to cure is to be found by following the proposition: In order to cure gently, quickly, unfailingly, and permanently, select for every case of disease a medicine capable of calling forth by itself an affection similar to that which it is intended to cure.

Hitherto none taught this homœopathic method of cure, no one put it in practice. But if the truth is contained alone in this process, as others will observe like myself, then we must expect to discover its actual traces in all past ages, although it was not acknowledged for thousands of years. And such is actually the case. In all ages those sufferers who were really cured rapidly, permanently, and visibly through medicine, were cured alone—though without the

knowledge of the physician—by a (homœopathic) remedy, possessing the power of producing by itself a similar morbid condition, provided these patients did not perchance, recover through the agency of some other beneficial circumstance or through the spontaneous termination of the disease, or in the length of time by virtue of their physical power of endurance, tried under allopathic, antagonistic treatment; for a direct cure differs widely from recovery gained by an indirect course. Even those actual cures produced, however rarely, by a variety of compound drugs will be found to result from the predominant remedy which was of homœopathic nature. —*Hahnemann.*

A classical symptom of all deep-seated acute suppurative inflammations is that the skin over the affected area is abnormally pale in the beginning of the process. Acute osteomyelitis is popularly known as "hot white swelling" in contra-distinction to the cold white swelling of the joints. So in deep palmar suppuration you have pallor with dense swelling. Fluctuation you do not find. What, then, is the guide that is to lead you to discover the little focus of inflammation which may contain but a few drops of pus? Take a probe and first palpate in a general way so as to locate the place where the greatest pain is felt. When you touch the spot where the greatest pain is felt and the most intense sensitiveness exists, tell your patient to turn away his head and repeat the same process a couple of times till you are satisfied that the point of your probe has repeatedly touched the same precise locality pronounced by the patient to be the most sensitive. Then having marked that exact spot, take your tenotomy knife and, having applied local anæsthesia, plunge the instrument well into the tissues beyond the fascia. Should more than a few drops of pus escape, then the puncture must be extended to an incision. In order to prevent subsequent closure of the wound take a small strip of antiseptic gauze and pass it into the aperture end of your probe. Then put on a moist dressing so as to prevent inspissation and the formation of a crust, and you have performed an act of conservative surgery of higher value to the patient and more creditable to yourself than the most brilliant amputation.—*Gerster.*

An analysis of the American cases of laparotomy for tuberculosis of the peritoneum is given by Dr. Shoemaker of Philadelphia. From this it appears that of 35 cases 6, or 17.1 per cent, did not survive the operation; 4 died with recurrence within six months; 14, or 40 per cent, are reported "cured" after periods ranging from one month to two and a half years. In other words, the "cures" known to exceed six months in duration are 11, rather less than one-third of the cases.

The following conclusions are formulated:

1. The diagnosis is usually difficult and frequently impossible. Fortunately it is not always necessary.
2. The best known treatment is laparotomy, with simple water irrigation and drainage. The local use of iodoform, iodine, carbolic acid, etc., gives no better results.
3. The operation mortality is considerably higher than that of exploratory incision when the peritoneum is not diseased.
4. A considerable number of complete and permanent cures, anatomical and symptomatic, of genuine tuberculosis of the peritoneum, are on record. The reason for the cure is not known.
5. The most that can be looked for in more than one-half of the cases is temporary relief; but this is usually decided, and far outweighs the risk of incision.

Insomnia may be treated by warm baths, which, as is well known, produce a calming effect, and tend to bring on sleep, and Alldorfer has attempted to apply such a method in patients where a sedative effect is desired and yet where a bath is inapplicable. His method consists in wrapping the lumbar region and belly with linen cloths soaked in warm water, and then covering them with oiled silk or rubber cloth, so as to prevent evaporation, while the whole is kept in place and loss of heat prevented by a flannel cloth. This procedure is of ready performance, and the author says that by this simple means he has obtained the most astonishing results in the treatment of insomnia.

If we leave out of consideration the rarer varieties of gastric tumors, we find that the situation of pyloric cancers is an extremely variable one. As a rule, they are situated in the triangle formed by the free borders of the ribs and the linea umbilicalis. Not infrequently, however, they are placed at a lower level; that is, several fingers' breadth below the navel, or may extend beyond the median line toward the right, in which case they will always be found at the level of the umbilicus, or even at a lower point.—*Dr. J. Boaz.*

The fibrous or scirrhous carcinomata of the pyloric region predominates to such an extent over the other varieties of malignant growths, that when we speak of cancer of the stomach, the fibrous form at the pylorus is always understood.—*Dr. J. Boaz.*

SOCIETY PROCEEDINGS.

PROCEEDINGS OF THE FOURTH QUINQUENNIAL INTERNATIONAL HOMŒOPATHIC CONGRESS.

ATLANTIC CITY, N. J., JUNE 16-23, 1891.

MATERIA MEDICA DAY.

Reported by Chas. S. Mack, M. D., *Ann Arbor, Mich.*

The first thing upon the programme was an address by Dr. J. P. Dake of Nashville, whose subject was:

CIVIL GOVERNMENT AND THE HEALERS OF THE SICK.

In introducing his subject Dr. Dake said: "How far individual freedom in the work of the healer may justly obtain and when the dictum of the State should govern, for the welfare of the sick and the public good, are the vital questions to be considered." He then traced the history of the medical profession from the earliest time. In concluding this sketch he said: "And after a while came medical societies, associations of physicians, often constituting bodies corporate and claiming special rights. Most of such organizations have simply asked of the State permission to shape and govern their own affairs, while some have sought exclusive privileges and claimed the right to wield the police power of government in the maintenance of medical orthodoxy.

"In various countries in times of war, or where large standing armies and navies are maintained in times of peace, boards have been deemed necessary for the examination of surgeons required to attend upon the sick and the injured. And often a similar provision has seemed requisite in supplying medical attendants to public institutions depending upon the State for support, such as hospitals and asylums. Again, there has been a disposition in some countries, if not in all, on the part of such boards and the various surgical and medical staffs under them to have the board system extended beyond the army and navy and public institutions, to the profession and people in civil life. They have claimed that what was necessary and good at times, or for a part of the community, must be good for all.

"Generally, the diploma of a chartered medical school has been regarded as a sufficient basis for a license where one is required for the practice of medicine. In most of our American States which presume to go beyond the common law a simple registration of such a document has been considered sufficient. The claim has been set up and occasionally recognized by legislators that the examination by no college faculty is sufficient or equal to that of a politically appointed board of non-teaching medical men. I have, thus far, endeavored to make a simple statement of facts, without comment upon the reasonableness or justice of what has been enacted or proposed."

Having considered various principles of government, and particularly of the government of this country, Dr. Dake continued:

"That the State has an undoubted right to prescribe some of the qualifications of the surgeons appointed to guard the health of the soldiers and sailors in the army and navy cannot be doubted, and for the following reasons: Because personal rights are surrendered to the military necessity; because the State has assumed the responsibilities in the case, often granting pensions where injuries are sustained; and because the exercise of the personal choice may not be consistent with the general good. For similar reasons individuals who have surrendered their persons to the paternal care of the government, by entering hospitals supported by public funds, must accept the medical and surgical care provided, without presuming to dictate the qualifications or methods of their attendants. And, going a step farther, when the State requires certificates of disability, of lunacy, or of death, or demands expert testimony in courts of justice, it is only reasonable that it should prescribe the necessary qualifications of the medical men employed for such service. In prescribing qualifications, the State must accept the fruits of a broad generalization as to what is known and what has been done in the domain of medicine and surgery, giving no heed to party lines or prejudices among medical men. Boards appointed to examine as to qualifications should themselves be acquainted not only with the elementary branches of medicine, such as anatomy, physiology, chemistry, operative surgery, etc., but also with all the leading therapeutic methods of the day. Without such knowledge no examiners are capable of passing judgment upon those brought before them. The great difficulty, however, has been, in the matter of examining boards and their assumed standards, in all countries and times, that they have been inclined to formalism—ruts and red-tape—often adhering to obsolete methods and discouraging originality, invention and improvement. Important as a general uniformity must be among public servants charged with prescribed duties, it is yet more important that considerable personal freedom be exercised in devising and employing the means of cure."

. . . . . "But the case is very different when the rule of State censorship is brought into the domain of civil life to compel

the citizen to employ only such medical attendants and such curative means as may be determined on by a politically-appointed board, or that may be in strict conformity with some assumed medical standards. The citizen in civil life is not the same in rights and immunities as the citizen in army or navy, or the public hospital, almshouse, or asylum; nor is the healer of the sick the same when ministering to the citizen in his own castle as when attending upon soldiers and sailors, both himself and they being under control and pay of the government. The citizen in his home, be it palatial or ever so plain, whether he be rich or poor, while his freedom is not surrendered to the exigencies of war or dependent upon the provisions of public charity—has the inalienable right to choose his physician and his own physic as well as his own clergy and his own religious creed. Considering what is at stake in the hour of suffering and danger, and how much may depend upon the confidence of the patient in what is being done for his relief, and remembering that the most serious consequences are not to be borne by the public, but by the individual, how is it possible for the State rightfully to assume the responsibilities of the case?

"It is well known to those who hear me on this occasion, and to all intelligent physicians, that the art of healing is very far from the position of an exact science. So varied are the views of leading men in the profession, even as to the elements of medicine, and so discordant their teachings as to the therapeutic methods and means, it is impossible for legislators to erect a standard, however limited its scope, that shall be generally effective and fair. Time does not allow me to quote the deliberate sayings of many men, grown old and renowned in the practice of medicine, as to its uncertainties. I must, however, submit the opinions of a few whose writings are to-day among the most authoritative.

"Sir John Forbes, late physician to the royal family in England, writing of the condition of medicine in his time, said: 'What difference of opinion! What an array of alleged facts directly at variance with each other! What contradictions! What opposite results of a like experience! What ups and downs! What glorification and degradation of the same remedy! What confidence now, what despair now, in encountering the same disease with the very same weapons! What horror and intolerance, at one time, of the very opinions and practices which previously and subsequently are cherished and admired!'

"And Dr. Henle, the great German professor and writer on pathology, says: 'Medical science, at all times, has been a medley of empirically-acquired facts and theoretical observations, and so it is likely to remain.'

"Dr. Frederick William Headland, the distinguished writer upon the action of medicines, says: 'Yet it must be confessed that, in the understanding of the action of medicines and of their agency in the cure of diseases, we do not so much excel our ancestors. While other sciences are moving and other inquiries progressing fast, this subject, so momentous in its applications, has, in spite of the earnest labors of a few able investigators, made, after all, but small progress.'

"Dr. H. C. Wood, one of the foremost authors of the old school in this country at the present time, says: 'What has clinical therapeutics established permanently and indisputably? Scarcely anything beyond the primary facts that quinia will correct an intermittent, that salts will purge, and that opium will quiet pain, and lull to sleep. . . . Narrowing our gaze to the regular profession and to a few decades, what do we see? Experience teaching that not to bleed a man suffering from pneumonia is to consign him to an unopened grave, and experience teaching that to bleed a man suffering from pneumonia is to consign him to a grave never opened by nature. Looking at the revolutions and contradictions of the past, listening to the therapeutic Babel of the present, is it a wonder that men should take refuge in nihilism and, like the lotos-eaters, dream that all alike is folly —that rest, and quiet, and calm are the only human fruition?'

"Dr. T. Lauder Brunton, another living and leading author in England, says: 'Our ideas are often hazy and indefinite. We give medicine at random, with no defined idea of what it should do, and trusting to chance for good result. When a remedy fails in its work we give no reason for the failure. We do not even seek out a reason, but content ourselves with saying: 'Oh! it did not act as it usually does."

"It must be apparent to any thoughtful mind viewing the situation of medical art and of medical learning as presented to-day, that the time has not arrived for the erection of authoritative medical standards. Even in situations where it is necessary for the government to appoint physicians and surgeons, and where it has assumed the responsibilities of their practice it is not easy to dictate what their knowledge and methods must be. As matters stand with the medical profession, allowing full credit to the good wrought by Hahnemann and his followers, and the general progress made, with new methods and means constantly coming and old ones steadily going, the only course for legislators and judges is to properly recognize the personal freedom and re-

sponsibility of the citizen in matters medical as well as religious."

Dr. Dake then urged that the pressing question to-day is not whether we shall have *single boards* or *separate boards*, or whether the license to practice be based upon a diploma or upon examination by a politically appointed board. He said:

"But the real question is, whether the citizen sick shall exercise his natural right to choose among citizen healers a medical attendant or not. It is a great question of principle. If such a right has been swallowed up in the governmental prerogative—if the State can assume to determine who may bring the relief desired and who shall not—then it may do to talk about the machinery to be set up for the control of the practice of the art of healing under special laws. If the State is possessed of some infallible tests of skill in the healer, or of merit in modes and means of cure, so as to set up a medical standard and to exercise a censorship justly prescriptive and proscriptive in accordance with it, it may be time to consider in what way the censorship shall be exercised, and by what form of medical catechism. And then the homœopath and eclectic, the hydropath and the Christian scientist, the physico-medicalist, the faith curer and the hypnotist must each ask for a separate board of examiners, or for a safe representation on a single board. And here the inquiry is pertinent—What is to become of citizens and healers who have no confidence in and use for the methods and means represented by any one of the recognized boards? The better to judge of the nature and influence of governmental censorship, let us glance backward a little along the line of history."

Dr. Dake then sketched the history of medical censorship. In the course of his sketch he said:

"Dr. Benjamin Rush, one of the signers of the Declaration of Independence, and founder of the first medical college on this side of the Atlantic, in an introductory lecture ninety years ago, speaking of obstacles to medical progress, mentioned as one: 'The interference of governments in prohibiting the use of certain remedies, and in enforcing the use of others by law.' The effect of such a policy he considered: 'As hurtful to medicine as a similar practice, with respect to opinions, had been to the Christian religion.' And as another obstacle he mentioned: 'The conferring of exclusive privileges upon bodies of physicians, and forbidding others of equal talents and knowledge, under severe penalties, from practicing medicine within certain districts of cities and countries.' He said: 'Such institutions, however sanctioned by ancient charters and names, are the bastiles of medical science.'"

Having completed his sketch of medical censorship, Dr. Dake said:

"The lessons of experience are not to be disregarded; and reading them on the pages of history, or recalling them from our own memory, we must realize that their teaching is in favor of the greatest freedom for study and invention, and against any arbitrary limitation of their scope and exercise in the domain of medicine. I do not hesitate to refer to the United States as presenting, before the efforts at medical regulation by special enactments, the fairest field for and best results of an unbridled spirit of invention and improvement in practical medicine. No country in any age can show a better record of important discoveries, of useful suggestions and of faithful applications made during the last hundred years, in the various departments of medicine and surgery, than may be observed in republican America. I cannot pause to describe, nor even enumerate the good things for which the medical world stands indebted to the physicians of the United States—they would fill a fair sized volume. The advantages of more thorough drill and of specialization on the part of medical men in the older countries, for a time caused our students to go abroad for additional scholastic and clinical training, but now there is no such need. We have schools and hospitals to-day equal to any in the world. Widening our view, we observe some of the most important advances in the art of healing, all over the world made by men unlicensed, and in spite of licensing boards. I may mention the therapeutic uses of water by Priessnitz, of varied systematic movements by Ling, of prison and hospital management by Howard, and of camp sanitation by Florence Nightingale. Considering how many of the important agencies and methods now in vogue have come from obscure medical men and from persons never educated regularly if at all in medicine, we must consider the opinion of the celebrated Dr. Heberden as not altogether inappropriate at the present time. He said: 'The practice of physic hath been more improved by the casual experiments of illiterate nations and the rash ones of vagabond quacks than by all the once celebrated professors of it and the theoretic teachers in the several schools of Europe, very few of whom have furnished us with one new medicine, or have taught us better to use our old ones, or have in any one instance at all improved the art of curing diseases.'"

Dr. Dake cited opinions which have been expressed regarding State control of medicine. He said:

"Professor Huxley of England, at the opening of the medical school in the London Hospital, a few years ago, said: 'A large number of per

sons seem to be of opinion that the State is bound to take care of the general public and see that it is protected against incompetent persons and quacks. I do not take that view. I think it much more wholesome for the public to take care of itself in this as in all other matters.'

"Professor Tyndall, of the same country, in a lecture at the Royal Institution, said: 'Never in the history of medicine was there so bright a dawn for the healing art as the present one, if scientific men are not hampered with mischievous legislation.'

"Mr. Herbert Spencer, another great English writer, in his *Social Statics*, says: 'There is a manifest analogy between committing to government guardianship the physical health of the people and committing to it their moral health. The two proceedings are equally reasonable, may be defended by similar arguments and must stand or fall together. . . . The fear that false doctrines may be instilled by unauthorized preachers has its analogue in the fear that unauthorized practitioners may give deleterious medicine or advice.'

"*The Popular Science Monthly*, the foremost scientific publication in America, says editorially: 'Individual liberty is abridged in many ways that seem to us essentially wrong. That the members of a particular profession should have laws passed in their special interest, and should be empowered to decide who may enter into competition with them is, we think, at once a violation of justice and of liberty. . . . Time was when it was supposed that the State had to look after the spiritual health of individuals, and for that purpose to prescribe their theological beliefs and religious observances. . . . How much of real quackery is now concealed by the license to practice it might distress a confiding public to know. Our voice may be as one crying in the wilderness, but we cry with conviction when we call for more individual liberty, with its correlative individual responsibility.'

"*The Arena*, one of the new and most enterprising of our American magazines, noticing the views of Mr. Spencer, quoted a moment ago, says editorially, 'There is already a healthy reaction taking place; the people have become alarmed at the wealth, power and audacity of law, fortified trusts, monopolies and class-protected professions. The word is going forth that class legislation must not only cease, but the special privilege feature of existing laws must be eliminated. . . . Medical class legislation infringes on the dearest rights of the citizen, a right sacred as religious liberty—the right to choose whomsoever he desires to wait upon him in the solemn hour of sickness and death.'"

In conclusion Dr. Dake said: "I will briefly summarize the provisions that the State may safely make for the protection of the citizen and increase of medical learning.

"1. The State may properly prescribe the minimum of the branches to be taught in any college, the diploma of which is to be taken as some guaranty of the qualifications of medical men, called upon for State service. I say minimum, because there should be no limits to the maximum—the way being forever open to the introduction of that which is new and better.

"2. The State should enact a law, requiring each healer of the sick offering service to the people, to be registered in a book kept for public inspection by the clerk of his county, the register showing a statement made by the applicant under oath, giving his name, age, residence, time and place of study, college graduated from or attended, together with an account of medical societies affiliated with and of places at which he has been previously in practice.

"3. The State should enact a law making it a misdemeanor for a practitioner to claim or display any title not earned and owned, as represented on the register.

"4. The State should leave each healer of the sick free to select and apply the means of cure, subject only to the penalties of the common law, for malpractice.

"5. The State should never presume to dictate to the citizen upon whom he shall call, nor what shall be his means of relief, in times of suffering and danger.

"6. The State should thus enlighten her citizens as to what the healers of the sick have done to qualify themselves for practice, and then leave them forever free to exercise their own choice and bear their own responsibilities."

AFTERNOON SESSION.

At the afternoon session the first papers read were upon pharmacy. Dr. J. Wilkinson Clapp of Boston read a paper upon "The Pharmacy of Triturations." Mr. A. J. Tafel of Philadelphia read one upon "The Pharmacy of Tinctures;" the discussion of this paper was opened by Dr. E. Melville Howard of Camden, N. J. Dr. Lewis Sherman too, of Milwaukee, read a paper upon the last named subject—"The Pharmacy of Tinctures."

Throughout these papers and the discussion of them there was evidenced a desire to perfect the methods by which our medicines are prepared. Whether the preparations of the various medicines should be upon one scale of strength seemed doubtful, but it was urged that it is exceedingly desirable to have a uniform strength obtain in the preparations of pharmacists in all

countries. Dr. J. C. Morgan moved that a suitable committee be appointed by the chair to take into consideration the point proposed by Dr. Hughes, namely the publication of the pharmacopœias on both sides of the water in the form of an International Pharmacopœia. This motion was referred to the American Institute.

Next upon the programme was a paper by Dr. T. F. Allen of New York, upon

INDEXES AND REPERTORIES.

After some introductory remarks, Dr. Allen continued: "Two lines must be followed by the successful practitioner; one, a search of the Materia Medica Pura; the other, a search for verifications of its symptoms in practice, which includes a review of the clinical experience of all homœopathists.

As regards the Materia Medica Pura: Homœopathy requires a comparison of the symptoms of the patient with those of drugs which have produced symptoms similar to those of the patient, and the administration of that single drug which exhibits the greatest number of similar symptoms; or, if not, the greatest number, still a number of symptoms which carry weight by reason of their having been verified previously in practice. It would be out of place at this time to discuss the relative value of symptoms, but there seems to be no doubt that clinical experience with symptoms largely influences every one of us in the selection of a remedy, and will continue to do so. An appeal to experience is bound to be final as regards the value of symptoms, and this must be taken into account. Again, as regards the *Materia Medica Pura*, it is clear to every critical student of our symptomatology that numerous symptoms have been regarded as genuine drug effects which cannot be accepted as such. These illusive symptoms will continue to creep into our provings, *they will not down*, they cannot be eliminated; they are the natural results of drug proving, and they must be indexed as well as recorded. These symptoms are not alone the outcome of drugs, or dilutions which are tasteless, but still more the result of substances which taste. We cannot afford, at present, to sift out isolated symptoms and so eliminate much that is valuable with some that is valueless; they must both remain for the test of experience, or till our pathogenesis shall have fully exhausted its possibilities by long series of provings.

Again, as regards our *Materia Medica Pura*, it is true that few of our pathogeneses can be said to be complete, especially as very few provers have properly observed and recorded their symptoms. (I find it impossible to avoid the closest cross-examination of every one of the provers in my laboratory of experimental pharmacodynamics and hesitate to accept reports that are not presented at short intervals, in person, by the provers). Bœnninghausen has truly said that in this respect (the incomplete as well as faulty record of symptoms) we are obliged to supplement some symptoms by others, and indeed to supplement pure symptomatology by clinical experience.

Enough has been said to show that more than a simple index to the symptoms of our own pure materia medica is required, and the method of its construction is a matter of varying opinion. My own experience leads me to advise an arrangement of all symptoms, without essential abbreviation, under various anatomical headings. It is quite unimportant to consider the size of the work. It will be consulted only in the library, and may be issued in handy parts or volumes, which may be referred to as wanted.

Two broad principles operate in the construction of such a work, namely, the arrangement by regions and the arrangement by sensations. I would choose a combination of both. It frequently seems to me that a dominant *sensation* may be selected as the key to the remedy, even though it may not have been observed by any prover in the particular part referred to by the patient; yet I fancy most prescribers confine themselves to the locality in the first instance, and failing to find the exact sensation required, look for an analogous one. Another point which will be lost sight of almost inevitably, in either the arrangement by locality or by sensasation, is the *modality*. This I have learned to regard of first importance and if a definite condition of any sort runs through the symptoms of a patient, I stand by that and do the best I can with the rest. * * * In such a work the pure pathogenesis should be distinguished from clinical symptoms, so that every person may judge for himself of the value of the reference.

Dr. Charles Mohr: I have listened to this paper with a great deal of interest, because, as every practicing homœopath must know, it is often difficult to find a similar, to say nothing of a simillimum; and sometimes we are obliged to examine critically various repertories before we can find a remedy for a case under treatment. And it often happens that we examine all the repertories, and then don't find what we want. This shows the necessity for the preparation of an index or repertory that shall give us what we are seeking for. I indorse heartily the sentiment expressed by the essayist in this paper, and especially the point he made that our pathogenesis shall record every symptom that a prover has experienced while under the influence of a drug. I think that our

records of provings should be preserved intact. There is a growing tendency in the school to eliminate what are called incongruous symptoms, or symptoms that are not in accord with the genius of drug action. And here there is a possibility of destroying that which may be extremely useful in the treatment of the sick. .....I think the index ought to be made, as Dr. Allen has suggested, as complete as possible. I believe that it ought to be regional. I think it ought to be also by sensations, and I think the sensations ought to be indexed in what might be called the concordance method; because, after all, in the vast majority of instances, we seek a curative remedy by getting a proper appreciation of the patient's sensations, and match them with a remedy before we have the faintest conception of the lesions or pathological tissue changes which underlie these sensations. . . . And now, in regard to modalities: the aggravations and ameliorations of symptoms are certainly of very great importance, and, I think, ought to be indexed too; and I think that these conditions ought always to be coupled with the symptom.

The next paper was by Dr. C. S. Mack of Ann Arbor. His subject was:

A DISCUSSION OF DR. HUGHES'S PAPER UPON THE PROPOSED INDEX TO THE CYCLOPÆDIA OF DRUG PATHOGENESY.*

Dr. Mack agreed with Dr. Hughes that the scheme should be constructed, as far as practicable, on an anatomical basis. He thought that for some drug effects, regional anatomy—for some, the anatomy of systems,—and for some, both regional anatomy and the anatomy of systems should be the basis of the schema. Having discussed this point, he said:

"As to what details in the pathogeneses recorded in the Cyclopædia may be omitted from the index, and as to what variation from the precise wording of the provers is to be allowed, we are, I think, practically restricted to a choice between two alternatives. 1st: We may urge that nothing be omitted, and that the provers' records be indexed *verbatim*. 2d: We may leave it to the judgment of the editors what omissions, and what alterations of wording may to advantage be allowed. I regard the second alternative as certainly the better one. I would commit these matters wholly into the hands of the editors, and should confidently expect from them an index as full and accurate as is consistent with their sincere endeavor to eliminate errors from our records of drug pathogenesy.

"I would have indexed post-mortem as well as ante-mortem observations, and (indicated as such) effects observed in the lower animals, when these effects seemed of importance. I would have Hahnemann's records of pathogenesy here indexed (with some mark to show what items are from his records), excepting what the editors regard as unreliable. In the index I would have large and small type used with the same significance that they possess in the body of the work.

"I suggest the following: Against each drug every time it is named in the index let there be placed three numbers, or, where a number cannot be supplied, a dash to take its place. The first of these numbers should indicate the number of provers who had recorded the effect there attributed to the drug; the second, the number of times it had been recorded by all the provers; the third, the number of times it had been observed in serious poisoning. [These numbers would have reference only to occurrence in pathogeneses detailed in this *Cyclopædia*.] A comparison between the first two of these numbers would afford some idea of how far the effect was peculiar to individuals, and as to how far it might be regarded as producible in the average individual. For more accurate data one would have to consult the detailed records of pathogenesy.

"If it is in order at this date so to do I should like to urge that between the body of this work and its index there be introduced a Part which shall contain a schema of each drug already noticed in the work, each schema to be constructed from the preceding provings and poisonings with the drug. I would have these schemata very concise, each of them containing only the marked effects of its drug. Against each item in these schemata I would place three numbers with the same significance as the numbers I have suggested for the index. Post-mortem observations as well as ante-mortem should have place in these schemata, and in connection with each of these schemata should be note of effects in lower animals, when they were known and significant. Large and small type in these schemata should have the same significance as elsewhere in the work. That Part of the Cyclopædia containing these schemata I would have interleaved.

"The schemata I propose would be concise. I picture them as occupying, with few exceptions, not more than a quarter or a half a page each, and frequently not more than a very few lines. When referred by the index to a given drug we could, by turning to its schema, estimate its homœopathicity in totality of marked effects to a given case. These schemata might

*For Dr. Hughes's Paper see *Monthly Homœopathic Review* (London), Vol. xxxiv.

serve some purpose as characteristics. I think they would much enhance the value of the work to us as students, and very greatly enhance the value of it to us as practitioners." . . . .

Discussion of Dr. Allen's Paper and Dr. Mack's.

Dr. M. W. Van Denburg: Hahnemann's solution of the question of arrangement of symptoms has long been recognized as faulty. The main trouble with Hahnemann's solution of the problem was this: He used two systems of classification, the one purely anatomical, the other physiological, sometimes following one—sometimes the other—sometimes following a mixture of both. * * * The schema may be arranged, as I have suggested, physiologically—the nervous system, the respiratory system, the digestive system, the circulatory system, the muscular system, the fibrous and osseous system, genito-urinary system, and the skin. * * * First of all, we must follow the physiological line. When we come to study our patient we don't study him as a cadaver, unless we are obliged to, but we study physiological facts and effects. Is it the digestive system? That is a fact we take note of, and so we go on with the manifestations of each system by itself, other symptoms sympathizing. We know the effect upon the nervous system, upon the respiratory system, upon the circulatory system; but yet there is generally one leading system that is affected, and that is the key-note to the drug; and when our drugs are arranged in that way, we have something to match against the patient, and it seems to me we have it in no other way.

Dr. C. A. Church: The very fact that there are so many different plans presented is convincing evidence that we haven't hit the right plan yet. Of course I have got the right plan, and I want to give it to you briefly. I will tell you what I want. I want a materia medica constructed like my reference Bible. I want on the margin of my materia medica an index which will refer me from each symptom in any drug to any other drug having a similar symptom. Then I want Bœnninghausen's Repertory, or something like it, which will tell me where I can find the symptom in the first place. Now, if you gentlemen will work this out, you will have the model index.

Dr. A. Korndœrfer: I have been very much interested in the remarks made; they show the difficulty of getting any one work in one set of volumes, based upon one general principle, that will cover the ground. The anatomical ground is a very excellent one—so is the regional—all of them are very excellent as far as they go, but there is an element that has not been considered, and that is the kind of man that is to use these repertories. I do not believe that we shall ever have a repertory that will suit every one equally well. We want not only a work like Bœnninghausen's, but we want one that will take up the modalities in relation to these symptoms, *i. e.* take up the symptoms in relationship one to another, making it a comparative work. This must be done in different volumes. In place of the marginal references suggested by Dr. Church (for which I should think there would not be room on the margin), I would suggest that the combination principle, which I have adopted in a degree in my own work, be thought of by those working in the interest of this publication. In addition I would suggest that, instead of interleaving, the page should be printed in double columns, one column blank for annotations.

Dr. J C. Morgan: The value of a symptom from a single prover is often great, and may lead at once to the choice of the curative remedy. By such a symptom I have been led to a remedy, which I should not otherwise have thought of, but which, when carefully studied, I found to very well cover the whole case.

Dr. J. P. Dake: It strikes me that in the discussion here parties have had different things in view. In a way, all naturally agree that the original records shall contain every symptom. I don't know of any one present who has advocated the throwing away of a single symptom that appears in a drug proving. All those symptoms should come in the narratives as you have them here in the Cyclopædia of Drug Pathogenesy. Now, besides that, for the convenience of the practitioner, something else must be had. I would call such a work a digest; *i. e.* I would have in one volume a collection of the symptoms that have occurred in the greatest number of provers. I would grade the value of those symptoms according to the number of provers reporting them. I think such a work as that will follow, based upon this Cyclopædia. But we are talking about an index to the *Cyclopædia*. Dr. Hughes is listening—I am listening—we are all listening to learn what sort of an index we ought to have, in order to make this material available. It is important that it shall be as brief as possible, and yet omit nothing that is important.

Dr. Richard Hughes: The discussion is turning upon two papers which I think are both commendable, though they view the matter not quite from the same standpoint. Dr. Allen has appeared before us and indicated how a repertory should be constructed, to serve the purpose of the practitioner. His answer is not, however, an answer to the question, what the index to the *Cyclopædia* should be. But as to his spe-

cific point I think, in the way he put it, that none of us can fail to agree with him—that, although a sensation may not have been experienced in one particular portion of the body, the bare fact of its having appeared at all makes it worthy to appear somewhere in our record. Yet if that same sensation has appeared in some other part of the body, we may very justly give the drug credit for producing that sensation and place the sensation in a prominent place in the drug proving. Thus we know that a drug that will cause pain in the face will cure the same pain in the leg. I am thinking now of aconite. I also agree with Dr. Allen that where you find a peculiar characteristic running all through a remedy, you may safely use that remedy in any case which has that peculiar distinguishing characteristic. I don't think, however, that Bœnninghausen would agree to any such limitation as that. Some of you will remember the illustration that Bœnninghausen gives in his book: it is the case of a man who lived in St. Petersburg; his face smarted after being shaved—it was worse for two days after shaving. Bœnninghausen after careful study gave him carbo vegetabilis, because it had produced smarting in the proving. I don't think Dr. Allen would recommend it in that way. Such sensations and such remedies should have their own place in an index, regardless of the part of the body in which they occurred. Dr. Mack's paper, which is specifically directed to the preparation of a plan for an index to the *Cyclopædia*, I have listened to with great interest. His suggestions I shall bear in mind when I get to work on this book. The suggestion that we should have a schema intermediate between the narrative and other forms could not be carried out, I think, in 150 pages: it would require a whole volume, and I do not know whether anything would be gained by it.....Dr. Church suggested the reference Bible as a cue to the proper making of a repertory, and I have agreed with him in anticipation here.....

DR. C. S. MACK: I want to say one word upon a point that comes up frequently; and whenever it does come up I express my opinion. If I understand Dr. Allen, he would mark as verified, in an index or repertory, those drug effects upon which has been based practice which we judge curative. It seems to me that practice is empirical to the degree that it is based upon *such* verifications. *True* verifications and *true* characteristics upon which to base homœopathic practice must be determined, it seems to me, in the field of drug pathogenesy alone, regardless of experience in the field of therapy. Drug pathogenesy is a *science;* practice is an *art;* the two should be kept distinct. One of the things commendable in this *Cyclopædia* is that it treats drug pathogenesy as purely a science.

DR. T. F. ALLEN: In looking ahead at the ever-increasing volume of our symptomatology I cannot for the life of me see any other way out of the difficulty than simply by grouping together all drugs having similar symptoms, or similar characteristics, or very similar sensations. I should like to see all the drugs that are worse on lying on the right side—all the drugs which affect the left shoulder—and so on, put into some special part of the book, so that I can quickly turn to them; that will help me in my practice. It won't require much of a book to carry all that information in; you can carry it in your pocket; it will give the practitioner a hint. My point has not been touched upon at all. If you take the sensations and modelities out of your work—if you regroup the symptoms without these, you do violence to the connection of your symptoms—you separate them from their associations. If you split up every symptom into several elements and scatter it throughout the book, you defeat the aim of the book, which is, I take it, to assist in quick prescribing in actual practice. I go to a patient; she has a terrible cutting pain in the left shoulder; I want to know the drug that will affect the left shoulder in that peculiar and characteristic way. I take out my Bœnninghausen and turn quickly to the regions named, and by a process of mental selection, I quickly recognize lithium as what I want, because lithium not only has the pain in the left shoulder, but it also has the other symptoms. Is it proper to regroup those symptoms? I think so. If so, then there is a simple, short and efficient way of indexing the work for to-day and for the future (for years and years ahead), requiring no great amount of book or paper, and allowing you still the privilege of referring to the original records when you want to do so.

The next paper was read by Dr. Elbridge C. Price. It was from the Baltimore Medical Investigation Club, and was entitled

A RECONSTRUCTED MATERIA MEDICA.

From this paper we are unable to quote.

DISCUSSION.

DR. J. P. SUTHERLAND: It seems to me that sentiment would be out of place in discussing the question brought up by Dr. Price. Materia medica is not a *belief;* it is not a *creed.* It is a *science*, and therefore belief has nothing at all to do with it. We want to *know* just exactly what effect aconite, or belladonna, or strychnine will have upon the human body; we don't *believe* anything about it. In regard to the subject of a reconstructed materia medica we have

had several plans proposed here, and I think that the one offered by the Baltimore Medical Investigation Club deserves very great and serious attention. Several specimens of their reconstructed pathogenesis have been presented to us, chiefly through the pages of the *Hahnemannian Monthly*, and we ought to be thoroughly acquainted with them. There are only one or two points upon which I would make the slightest criticism. I heartily approve of their work, and it seems to me that upon consideration we must all approve of it. One point I would criticise, is, that they use the *Cyclopædia of Drug Pathogenesy* as the basis of their work rather than Allen's *Encyclopædia*. The former in itself is a reconstructed materia medica, and to take it as the basis for still further reconsideration seems to be rather mixing things up. I should certainly prefer to take the original, fullest sources, and use them as the bases of work in reconstructing. Otherwise the Baltimore work is, aside from some details, very like that of Dr. Conrad Wesselhoft. I would suggest that the history of a drug—its uses in the arts, etc., so far as these are aside from pathogenesy, be omitted from our records of materia medica pura. According to Dr. Wesselhoft's chart system, which I advocate, the high potency symptoms are all kept. We do not omit from our chart symptoms from potencies above the sixth. They are all put down and justly dealt with. If a symptom can be made to occur repeatedly under the influence of the 15th or the 30th or any other potency, why that potency is credited with producing that symptom; and the potency question, so far as provings are concerned, settles itself.

Dr. J. P. Dake: There are some points raised by the last speaker that I want to notice. In regard to the work of the Baltimore club, I have been watching it closely, and have been delighted with it. Dr. Sutherland has made a slight error. The *Cyclopædia* is a work from original sources; it is not a secondary work—not at all. It has been drawn from the first publications of drug provings, which are embraced there. Dr. Hughes in prosecuting this work has gone to the original sources. The American Institute laid down in their instructions to us that very command—that we should draw from original sources, and take nothing at second hand,—that we should be doubtful about nothing, but verify everything; and that has been done. So, the Baltimore Club in basing its work upon the *Cyclopædia* has gone back to the original sources for information in regard to their provings, and phat is a strictly scientific method. What they propose to do is to deal with facts and with the effects of drugs upon healthy persons, not upon the sick. Now Allen's *Encyclopædia*, valuable as it is, is defective, and has often been criticised because it embraces clinical symptoms—so many symptoms taken from the sick and not from the healthy.

Dr. E. C. Price: I want to emphasize the fact that we do not reject or analyze any symptom in the materia medica, whether it has been obtained through the 200th, or the 2000th, or the tincture, or what not. We simply lay aside this single symptom for verification. We do not think that a symptom, which has been obtained during the provings of a drug by one experimenter only, should be accepted without verification. There is so much in this question of subjectivity—the personal equation, as the astronomers say—that we have determined to lay such a symptom aside for the present to await verification.

Next upon the program was a paper by Dr: E. M. Hale of Chicago, entitled:

THE PROBABLE HOMOŒPATHIC USES OF SOME NEW BUT UNPROVED DRUGS.

In Dr. Hale's absence his paper was presented and in part read by Dr. Hughes, who commented on it as he briefly summarized it Dr. Hughes pointed out that the logical conclusion from some of the remarks in the paper would be that all empirical practice which seemed useful, must be homœopathic. Dr. Hughes discountenanced any such view.

The last paper upon the programme was by Dr. M. W. Van Denburg of Fort Edward, N. Y. Subject:

A COMPARISON OF THERAPEUTIC METHODS, BASED UPON A STUDY OF ARSENIC.

As the paper was long and the hour was late, Dr. Van Denburg asked that the reading of it might be omitted. We hope it will be published.

The Southern Association.

The Eighth Annual Session of the Southern Homœopathic Medical Association will convene at Nashville, Tenn., November 11, 1891, in a joint convention with the homœopathic Medical Society of Tennessee.

Many homœopaths throughout the Northern States are aware of the active, working spirit among the members of this association and the power they are wielding for the general good of our school. Especially is this true in the Southern States where allopathy has been so dominant heretofore. The active measures taken at Birmingham in behalf of the homœopaths in Alabama, in championing their claims for justice and equal rights, fully demonstrated the usefulness of this organization.

How to Make Wholesome Toast.

Good toast can only be made from good bread.

Bread for toast-making should be two or three days old, light, sweet and friable. If no other than fresh bread can be had, let the slices dry out in an oven of very low temperature before the browning process is attempted. Stale bread crumbles easily if rolled between the thumb and fingers, while new bread forms hard bullets of dough; water will easily diffuse among the particles of the former, while the latter are only slowly sodden from the outside. This illustrates the difference between new and old bread with relation to the solvent action of the gastric juice.

The only way to make toast which is easy of digestion and thoroughly hygienic is to twice bake it, after the German fashion of making *zweiback*. This is done by submitting slices of stale bread to a moderate degree of heat in a closed oven for a long time, until they are delicately browned all the way through, cutting the loaf into suitable slices and place them in a moderate oven until this result is obtained. They will not need much watching, and can often be put on the top grate during the time that other baking is being carried on, thus economizing time and fuel. Odd pieces of bread and the ends of a loaf can be utilized in this way very nicely. When the toast is browned through, allow it to cool and then pack away in a tin box where, free from moisture, it will keep for some time. It can be made to serve a variety of purposes and possesses the advantage of being ready at a moment's notice.

For instance, a nice cream toast can be quickly prepared by taking a dozen or more of these crisp slices—according to size of family—and dipping each in hot milk or hot water and packing them closely together to moisten through. Take a sufficient quantity of cream or new milk to cover nicely: Boil, thicken with a little flour or corn starch, flavor with salt and pour over the mass of toast or dish, over the separate slices laid in saucers as preferred. The latter method is neatest, although it takes a little more time.

Instead of using cream for a dressing for the moistened slices of toast, stewed fruit may be used, varieties which are not very tart being the most palatable. Canned blackberries, blueberries and strawberries are good. If dried fruits, like prunes or apricots are used, rub them through a colander after thorough cooking, that the same may be of uniform consistency. The rich amber of the apricot is particularly inviting.

The moistened slices may be further used as a sort of pot-pie, by pouring over them the gravy from stewed beef or chicken, and will be found much more wholesome than the hot soda biscuit which are sometimes used for that purpose.

Another excellent way to utilize this form of toast is to break into it bits suitable to eat with soup; or better still, cut the bread into little cubes suitable for eating with soup before browning through. To insure its being nice and crisp for this purpose, if it has been baked some days, put it again into the oven and heat it, when it will be brittle and delicious in flavor.

This dry toast will be sure to grow into household favoritism if given a fair trial. Either Graham bread or white bread can thus be used, but Graham is to be preferred. By this prolonged process of cooking, the starch in the flour is converted into dextrine, a substance very easily digested, and hence this is the only proper way to make toast for the sick. A person with strong digestive powers may be able to manage surface toasted slices of bread, moistened and covered with butter, or covered with butter when dry and hot: but for the invalid, and especially for the dyspeptic, let the bread be toasted entirely through and served with a dressing of cream or fruit juices.—*Nightingale—Dietetic Gazette.*

A trained nurse should be a good reader. She should, also, be a good listener—this last is one of the most important accomplishments of a nurse.—*Dr. D. H. Beckwith.*

In the treatment of a chronic ulcer of the leg, free the bound down edges, paint the surrounding tissue with equal parts of alcohol and iodine, touch the surface thoroughly with nitrate of silver, put the patient to bed, and wrap the limb up in a solution of lead water and laudanum.

Be it pleasant or unpleasant, it is none the less an absolute truth—the raison d'etre of a woman is maternity. For this and this alone, nature has differentiated her from man and built her up cell by cell, and organ by organ. The continuance of the race in healthy reproduction, together with the fit nourishment and care of the young after birth, is the ultimate end of woman as such, and whatever tells against these functions and reduces either her power or her perfectness is an offense against nature, and a wrong done to society. If she chooses to decline her natural office altogether and to dedicate to other services a life which has no sympathy with the sex of humanity, that comes into her lawful list of references and discords.—*Mrs. Lynn Lynton.*

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Announcement.—The homœopathic physicians of Northern Indiana and Southern Michigan will meet in Elkhart, Indiana, September 22d, to organize a local medical society. For particulars, address Dr. H. A. Mumaw, Elkhart, Ind.

Special Offer to New Subscribers of the North American Journal Of Homœopathy.

Upon receipt of $3.00 for one year's subscription in advance, we will send you the Journal from September, 1891, to January, 1892. In other words, giving the September, October, November and December, 1891, numbers gratis to all new subscribers remitting in advance. The North American is the oldest, the largest and the leading homœopathic journal published. It upholds homœopathy, and its distinctive title in every instance. It is edited, and not scissored. Its 1889 volume contained original articles from seventy-eight of the most prominent homœopathic writers of the world. Its department of "Therapeutic Notes" is alone worth to the busy practitioner many times the price of the Journal. "It is the aim of this department to collate experience which may seem to writers insufficient for formal papers, but which, if published, will diffuse valuable information otherwise likely to be lost. The pages will be made as unhackneyed and practical as possible." Subscription price, $3 00 a year. Single copies, 30 cents.

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Homœopathic Medical Society of the State of New York.

President Kinne, of the Institute, and an umber of other prominent homœopathists from without the State, are expected to attend the meeting of the State society, in "The Iroquois" Hotel, Buffalo, Sept. 15th and 16th.

The Erie County Society and citizens of Buffalo will give a dinner to the society, and everything promises an exceptionally good meeting. Office of the Secretary, John L. Moffat, M. D., 17 Schermerhorn St.

Brooklyn, Aug. 22, 1891.

Lactated Food contains neither cane sugar nor starch, its base being sugar-of-milk. It can be used either with or without milk. Dr. Mudge of Olean, N. Y., recommends it above all others.

National Homœopathic Medical College.—A building for this college has been secured at 541 N. Halsted St. Dispensary clinics are now in progress. Five students have already matriculated. The German-American Homœopathic Medical College has not yet selected quarters.

The next private class in Orificial Surgery will be held at the Chicago Homœopathic Medical College, corner of Wood and York Sts., beginning Monday, Sept 7th, by Prof. E. H. Pratt, A. M., M. D., LL. D. For further information please apply to Dr. E. H. Pratt, 56 Central Music Hall, Chicago.

Hahnemann Hospital College of San Francisco, Cal

The Annual Session commences on the first of June, and continues six months. Instruction is thorough in all departments, embracing a three years' graded course of Didactic and Clinical Lectures, with practical work in laboratory, dispensary and dissecting-room. A hospital has recently been established in connection with the college. For further information, address W. A. Dewey, M. D., Registrar, 824 Sutter St., San Francisco, Cal.

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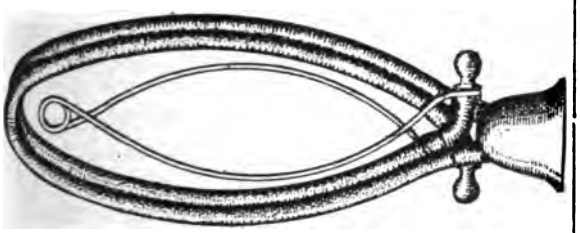

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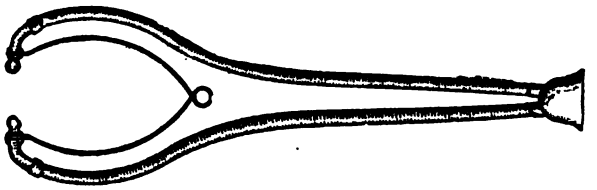

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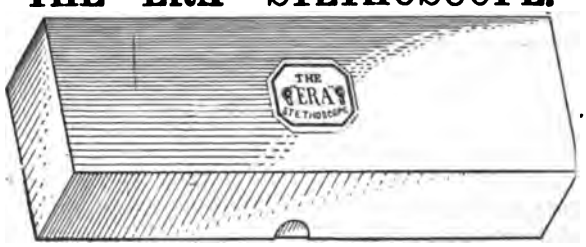

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THEY SAY

That tea-drinking causes cold feet.

That the true secret of beauty is to be born pretty.

That there is very little nourishment in artichokes.

That figures don't lie, but liars can figure, all the same.

That this summer perspiration has the drop on the public.

That occasionally the wisest owl hoots at the wrong time.

That more farmers become insane than any other class of people.

That poets tell us that "the sky weeps" because it has mist something.

That ambition is a feeling that you want to do something that you can't.

That our chum wants to know if the Cherokee Strip is decollété territory.

That many men are generous to a fault, but generally it is their own fault.

That some men are open to conviction, but they defy any one to convince them.

That milk remains in the stomach of infants for a much shorter time than in adults.

That a fellow who is engaged is doing mighty well when he is able to hold his own.

That it is proposed to impose a tax on cats; this will be something new in the fee line.

That some one has written a book called "The Man Who Was Too Good;" it is fiction.

That the mind-cure doesn't require any faith, and the faith-cure doesn't require any mind.

That there is a man in Missouri so penurious that he won't even laugh at his own expense.

That Chicago can get up a homœopathic medical college quicker than you can say "*Scat!*"

That to "know thyself" is good in theory, but to know your neighbors is the general practice.

That a man is never so sure that his rights are being infringed upon as when his wife gets sick.

That in about one-fourth of all cases of cancer of the stomach, the liver is also the seat of infiltration.

That there's no use reducing the cost of living to a nominal sum unless you can get the nominal sum.

That the stomach may be the seat of various forms of tumors, but carcinoma is the most common.

That even if we could see ourselves as others see us, it wouldn't be worth while to stop and look.

That yellow-fever can be conveyed by a mosquito's bill; and some people are paralyzed by a doctor's bill.

That lightning struck a New Jersey mule the other day, but it is only fair to add that the mule was n't looking.

That the pylorus of the stomach is the seat of the disease in sixty per cent of cases in which that organ is affected.

That there is a doctor in Missouri named Jacassy, and his rival across the street says he deserves the name.

That many people who give themselves to the Lord always put their property in their wife's name before doing so.

That the man who talks to you when you are busy is a bore; the man who won't let you talk to him when he is busy, is a crank.

That the only objection to a self-made man is that in many cases he has failed to put himself together so as to work noiselessly.

That if the man who crosses his legs when he sits in a street car could be put upon his mettle he would be found to be made of pig-iron.

That there is a skeleton in the closet of every family, but the thing has become so common that there is no use making any bones about it.

That after you have got yourself into a hole it is remarkable how many people there are who can tell you what path you might have taken to avoid it.

That mobs in China are attempting to drive out the foreigners because the Chinese believe that the Christians kill native babies and compound a medicine out of their little almond-shaped eyes.

That a certain physician in Chicago gave to his patient, a "fleshy" lady, a bottle of medicine which he guaranteed as an efficient "anti-fat." The patient took the medicine, and gained two pounds in the first week.

That at the banquet of the International Medical Congress at Berlin last August 4,000 "regular" physicians consumed among them fifteen hundred bottles of wine, six hundred gallons of Bavarian beer and three thousand glasses of brandy.

THE MEDICAL ERA

COMBINED WITH THE MEDICAL COUNSELOR. DEVOTED TO HOMŒOPATHY AND THE ALLIED SCIENCES

VOL. IX. CHICAGO, OCTOBER, 1891. No. 10.

CH. GATCHELL, M.D., EDITOR.

A REPRESENTATIVE OF HOMŒOPATHY IN THE FAR NORTH.

We here present to the readers of the MEDICAL ERA a piece of contemporaneous history.

The letter that we publish was written to DR. T. L. BRADFORD, of Philadelphia, who has kindly granted us the privilege of laying it before the profession. It tells its own story.

GIMLI, MAN., June 22, 1891.

DR. T. L. BRADFORD, ESQ.

Dear Sir:

Your favor of the 7th inst., and book received, and accept my thanks for the same.

You wish me to tell you something of myself. I don't know what you desire of me, so I will write a short autobiography.

I am born 1854, in the south part of Iceland of very poor parentage, my father being blacksmith.

When I was four years my parents died. I went to my aunt and she took good care of me till I was seven, then her husband died; she being too poor to take care of me longer I went as a shepherd to another place. In this place I was very badly treated, having very much to do, very little to eat, and very bad dress.

I learned very soon to read; at six or seven I could read any book I saw in the Icelandic.

But in this part of the country there were very few books, and when I came to this new place I had no time. I will always remember that one Sunday when I thought I had finished my morning work I took the New Testament to read, the mistress took it to beat me with it.

In this place I remained till I was 22. I was unhappy there, but I knew no one to consult, thought often of going, but every year was persuaded to remain, as the law allows servants to alter their places only every year. The three four last years of these 22 I went from home to another place for fishing, then I came more acquainted with the world, men of some knowledge and books.

At this time all my thought was set on books and reading without having any particular object in view, as I was too poor to go to the Latin school, but no other schools existed then.

At the fishing place I spared some of my food to buy me books, Danish and later on English. One of these years one of my companions had C. Hering's and Hirschel's Homœopathic works in Danish. I read them as I read every book I could get, as I had few books but unquenching desire for reading.

At 22 I went as servant to another place, where I had much better food and hire, for which I bought books. I was there two years, then I went to Reykjavik, the capital of the Island, worked in the summer, went fishing later part of the winter, but studied the former part of the winter, most part the branches taught in the common schools in this country.

At this time common schools were established at different places and I went as teacher to one of them the year of 1880, and remained so for 4 years with $5 salary a month and board for 5 to 6 months of the year. I read a good deal these years, and bought books nearly for every cent I could spare.

In the district where this school was situated there was no doctor. I had bought by chance some books in that line and few vials medicine for myself, but when the people knew I had them they came to me asking advice when they were sick.

I had a good luck in my praxis, and proceeded further buying books and more medicine. These years from 1880 to 1885 were distressing times in Iceland, the school I taught was abolished, and I thought it better to try America, and came out here 1885 to this settlement known as Gimli, which name derived from our mythology meaning the better place after death.

This settlement consists of Icelanders only, about forty miles long along the western shore of Lake Winnipeg, is a reserve for Icelanders, the population about two thousand.

I regret that I went to this place, as the people here are very poor, and the Icelandic only spoken, so I have made little progress in the English since I came.

First after I came here I kept a private school for children for two years for very small salary, but the last three years I have been clerk of the Municipality, which is the same as County by you, my salary being $180 a year.

Besides I have practiced Homœopathy, but that is not bringing me money, it being about fifty dollars a year, and that is little more than pay for books which I am adding every year.

I married the year I came out here and have two children, 2½ years, and five months, can scarcely live on my income, and am discontent with the place; it is not making the progress I have hoped for, and may perhaps become dissolved by emigration this year, as it is very wet and wooded, low and marshy. Now I have told all about myselve I think you care to know, and I think you will be tired of it before you get through reading it.

No Homœopathic books for sale here. No Homœopathic pharmacy, some the Allopathic druggists keep Homœopathic medicine for sale.

If you should desire to know what books I have, I inclose a list of same. I think you will find the list of my books rather small for a man practicing medicine, but I must say there are heaps of books I should buy if I had money, but I cannot afford to buy them, and not knowing if I can proceed with medicine as profession, as the law prohibits a man practicing without diploma. But in this place no doctor can live on his practice, and therefore none comes.

As I am going to close these lines I should be very glad to know if you get them, and if they have the information you wanted about Homœopathy and me in Manitoba, and if anything is wanting I can do, I shall be glad to answer again. Yours very truly,

G. Thorsteinsson.

We know that every reader of these lines will appreciate the condition of this poor Icelander, and feel sympathy for him in his hard lot—hard, because with the man's thirst for knowledge, and his ambition to become accomplished in the profession of his choice, he is yet prevented from attaining the desire of his life. We may well judge that he is capable of taking an active position in some part of the world where his energies would be well directed, and productive of the most good for himself, for his little family, and for the community. Engaged in the active practice of a profession which—according to the one who follows it—is capable of being made the noblest of all, this man could, under favorable conditions, do that which it is robbery for any one to be deprived of—attain to the full development of his powers, with opportunity for their fullest exercise.

The man is a scholar. Under difficulties that would appal any American youth, he has educated himself, although he never attended a school in his life, except the one in which he was himself the teacher. He has made himself conversant with several languages, and is not wanting in other elements of a liberal education. His history may serve as a lesson and an inspiration to medical students without number in our colleges, who, with unstinted opportunity for learning, yet fail to make the most of their privileges. This poor Icelander, with nothing but the hard life of a servant, poorly fed and poorly clad, yet "spared some of his food to buy books." Think of it, you who never had a desire ungratified!

But we have not called attention to this case for sentimental reasons, or in order to multiply words in moralizing. Our readers may well be spared a sermon which each one is capable of constructing for himself.

We have, however, an object in view. But it is a practical one. While promising to do our part, we wish to call upon others in the profession to aid us in supplying this man with medical books to fill out the empty shelves of his meagre library. With but thirteen homœopathic medical books, almost all of which are, to the most of us, long out of date, he has acquired a knowledge of the homœopathic practice of medicine which has enabled him to attend the sick in the community where he lives. His desire is for more books. Let us send them to him. There is no physician who has not in his library many books that he could readily spare. They have ceased to be useful to him, but would be very useful to others.

We call upon our readers each to select one or more such books, and send them to our Icelandic student. They may be sent by mail. The amount of postage required is the same as for domestic carriage—there is no increased rate.

We earnestly trust that our request may not go unheeded. Act upon this suggestion at once. Let no fatal delay prevent your carrying out your first impulse.

Address all matter to,

G. THORNSTEINSSON.

GIMLI, MANITOBA, CANADA.

It is scarcely necessary for us to add that we have taken pains to inform ourselves on this case, and from perfectly reliable sources we are assured that it is just what we have represented it to be, one of genuine merit.

We have offered you the opportunity; it is for you to take advantage of it. No physician who reads this can do a more worthy act than to send books as we have indicated.

THE SIGNS OF THE TIMES.

"The *Southern Clinic* has come out in favor of admitting to medical societies the graduates of sectarian medical colleges, provided the individuals applying for admission are qualified, professionally and morally. *The Times and Register* has repeatedly urged the wisdom of this course, and we are pleased to see that it is receiving some attention from our editorial brethren. Surely, in these latter days, an act of simple justice such as this cannot encounter prejudice strong enough to object it."

The foregoing extract is from the *Times and Register*, of New York and Philadelphia. The liberal sentiments expressed are worthy of our profession, and of the spirit of the age. It is highly significant that, in various parts of the country, and from different sources, come similar expressions. The ERA has already commented upon an editorial article of like character, published in the Detroit *Lancet*. In a recent issue the New York *Medical Record* gives attention to the same editorial. In speaking of consultations between so-called "regulars" and homœopaths, it says:

"The new doctrine, with New York as a center, spreads Its influence can be seen everywhere. In every city consultations of regulars and irregulars is said to be a common occurrence. In Detroit the Homœopathic Hospital is filled largely with the patients of regular physicians. The carriages of the two sects alternate upon the adjacent streets during regular visiting hours. The Montgomery (Ala.) Medical Society has unanimously adopted resolutions favoring consultations with homœopathists and eclectics. The relations already existing between these practitioners in that State is such that it is no wonder this result follows. All this in the home of the late Dr. Baldwin, of Montgomery, the stalwart opponent of such consultations!

"Columbus, Ind., has formed a Medical Society, in which all physicians meet on one common plane. It is reported that that staunch friend of the medical profession, Dr. T. A. Reamy, of Cincinnati, spent one evening with this society.

"The editor of the *American Lancet* betrays between the lines a sense of apprehension and gloom. We do not share it. The tendency which he describes is a good one, and its results are beneficial. We are getting better physicians and more honest physicians every year. Sectarianism is disappearing and is bound to be abolished entirely. The test of man will be his education, his moral worth, and his practical skill. If he has a "fad" or a dogma he will not be ostracized therefor, but will be given a fair show, and time will in these days soon prove how much his views are worth."

If this thing continues the time will come when there will be no sectarianism in medicine, and all will unite upon a common basis. But it will be upon the basis indicated by the editor of the *Record*: "He will not be ostracized, but will be given a fair show, and time will in these days soon prove how much his views are worth."

Is not this in accordance with the resolutions passed at the International Homœopathic Congress recently held at Atlantic City, and published in the September number of the current volume of the ERA?

It has taken effect very quickly.

LIVE BOURBONS.

"To prevent any misapprehension with regard to the requirements for graduation, the Faculty desire it to be understood that the courses of lectures recognized are those taken at regularly organized colleges empowered to confer the degree of M. D. The tickets and diplomas of Eclectic, Homœopathic or Botanic colleges, or of colleges devoted to any peculiar system of medicine, are considered irregular and will not be recognized under any circumstances."

This extract is from the latest catalogue of the Bellevue Hospital Medical College of New York. It calls for little comment. The BOURBONS are not all dead yet. The FLINTS always belonged to the old-code branch of the profession in New York.

ASSOCIATION OF MILITARY SURGEONS OF THE NATIONAL GUARD OF THE UNITED STATES.

The latest association of medical men is one with the above title, which was organized in this city Sept. 18. DR. NICHOLAS SENN, Surgeon General of the Wisconsin National Guard, was elected president. DR. JOHN W. STREETER, Surgeon of the First Regiment I. N. G., was one of the organizers. The association will do much to advance the science of military surgery.

ORIGINAL ARTICLES.

THE RELATION OF HOMOEOPATHIC THERAPEUTICS TO CONSTITUTIONAL PREDISPOSITIONS.

By AUG. KORNDOERFER, M. D.
PHILADELPHIA.

[A paper presented to the International Homœopathic Congress, Atlantic City, N. J., June 16 23, 1891.]

IN the curative treatment of constitutional predisposition to disease, homœopathy stands practically alone.

Though long considered one of the greatest achievements of medical art, no other school of medicine ever successfully inaugurated a system of therapeutics having in view the eradication of the so-called inherited disease tendencies. Efforts had indeed been made, through most varied means, but without well defined and matured plan to reach beyond the immediate diseased state and attack the hidden cause of disease. Such efforts, however, prove futile, owing not only to the faulty pathology upon which they were based but to the absence of any reliable therapeia.

These early experimenters were led by misguided empiricism only; they wrought under the inspiration of erroneous theories based upon defective observation of insufficient facts. The poor, trusting, but deluded victims of their irrational treatment swallowed noxious draughts and nauseating potions as spring made its annual return, yet disease, with ever increasing power, maintained its merciless grasp.

Such, indeed, was the history of medicine prior to the time of Hahnemann. The practice was both faulty in its method and fruitless in its result. Yea, often so lacking in reason as to afford rich opportunity to both the novelist and caricaturist—opportunity which they failed not abundantly to employ.

Who does not remember the vividly ludicrous, yet almost sad, scene at "Dotheboy's Hall" so inimitably portrayed by Dickens? Mistress Squeers is administering the usual morning potion of "brimstone and treacle." "They have the brimstone and treacle," said she "partly because if they hadn't something or other in the way of medicine they'd be always ailing and giving a world of trouble, and partly because it spoils their appetites and comes cheaper than breakfast and dinner."

Blood-letting, purging, vomiting, sweating, salivation, vesication, setons and kindred erroneous measures were in turn employed in delusive efforts at reaching some deeply rooted constitutional cause. Every element of error seemed to seek lodgment in the theories and practice of the dominant school. Not only did this ignorance manifest itself in their application of drugs to disease, but they appeared equally lacking in knowledge of the essential elements of both public and private hygiene and sanitation.

Sixteen centuries had added their sufferings and distress to the weight of human woe since Galen gave to the world the results of his observations in medicine and the theory which he based thereon, yet the schools still clung with the tenacity of zealots to his mistaken notions of drug action and disease—they still sought through the same antiquated and erroneous theories to reach the avenues of real knowledge.

True, many individual physicians fully appreciated the inadequacy of the methods taught and the practices employed. Here and there one raised the voice of reform but each in turn failed to reflect abroad the ray of truth which illumined his mind and the world was left apparently unbenefited, unimproved thereby; nevertheless each such ray may perchance have had its influence upon later searches leading them nearer to the source of light. Real knowledge of the cause and cure of chronic forms of disease was wanting. Hahnemann, in the Introduction to the Organon writes as follows: "The fundamental cause of chronic (non-venereal) diseases, together with their remedies, remained unknown to those practitioners, vainly boasting of causal cures and their diagnosis founded on the investigation of the genesis of the disease. How was it possible for them to cure the immense number of chronic diseases by their indirect methods, which were but pernicious imitations of the non-rational vital force in its spontaneous efforts for relief, never intended as a model for the treatment of disease. They regarded the imaginary character of the affection as the cause of the disease and consequently directed their causal-cures against spasm, inflammation (plethora) fever, general or partial debility, putridity, infarctions, and etc., which they thought to remove by their (only superficially known) antagonistic remedies known as antispasmodics, antiphlogistics, tonics, irritants, antiseptics, dissolvents, resolvents, derivatives, and evacuants."

Such was the gloomy picture presented by medicine at the beginning of the present century. With all the vaunted progress of the schools chronic disease relentlessly reigned and claimed its countless victims.

Repeated failures led to the conviction that the devitalization of the seeds of disease was practically impossible; the inheritance a deplorable, but unalterable fact. Like unto the Macedonian cry for help, so the sick and afflicted appealed unto the learned in medicine and here as in every epoch of history "man's extremity was

the Lord's opportunity." One learned in medicine and endowed with requisite wisdom was called, and through him the mysteries which surrounded the curative treatment of disease were slowly, but surely solved.

In Hahnemann we see revealed a character peculiarly fitted for the work of reform. Richly endowed by nature, he possessed indefatigable zeal, great learning, surpassing powers of observation, keen perception and well balanced judgment, coupled with ripe experience and a severely critical mind. His associations were with the leaders of the dominant school, and his ability was recognized by all who knew him. His opportunities for the observation and correlation of facts were ample, and his acquaintance with all former prominent theories of medicine enabled him critically to compare facts and theories, and thus guard against error.

He was withal a sanitarian of advanced views, as is clearly manifested in his essays published under the general title, "The Friend of Health," (Frankfort, 1792), as well as his later essays, "Cure and Prevention of Asiatic Cholera," and "An Appeal to Thinking Philanthropists Respecting the mode of Propagation of the Asiatic Cholera."

But beyond all this Hahnemann was a skilled physician, and though thoroughly appreciating the advantages of both hygiene and sanitation he at the same time saw the necessity for the development of a true therapia in order that disease might be directly attacked with the intent of cure. Though Hahnemann was not the first to appreciate the elements of uncertainty in everything pertaining to practical medicine, for many writers had expressed themselves in no uncertain voice in reference thereto, it remained for him to boldly break the bonds of ignorance and prejudice by which the schools were held and declare himself free—free to apply the tests of observation and reason to matters within the realm of medicine unfettered by past prejudice, usage, or association. Holding the truth as higher than the dictum of a school, and systematized observation of facts as far more worthy than the conglomeration of theories upon which the practice of the dominant school rested, his love of truth was so great that he willingly sacrificed his prospects of professional preferment and social position in order that he might give to the world a comprehensive and true system of medicine for the healing of the people. A system through the application of which the constitutionally depraved might be imbued with a functional vigor capable of overcoming inherited disease tendencies—a system built upon one of the unvarying laws of nature.

The standard which he erected and by which his new system was to be judged we find recorded in Section 2 of the Organon, in the following words: "The perfection of a cure consists in restoring health in a prompt, mild and permanent manner; or, in removing and annihilating the disease in its entirety in the shortest, most reliable and safest manner in accordance with clearly intelligible reasons." He says, further, in regard to the physician, in Section 4, Organon: "The physician is at the same time the conservator of health, when he knows the influences which disturb health and which cause and maintain disease, and knows how to remove them from healthy persons."

From these quotations it will be seen that Hahnemann sought not only to cure disease, but to eradicate the tendency thereto by removing from the healthy all casual influences. Preventive medicine truly had its origin in Hahnemann's teachings.

The principle under which the cure of disease must be accomplished was recognized by Hahnemann as early as the year 1790, though it was not until 1796 that he published in Huefeland's Journal his essay on "A New Principle for Ascertaining the Curative Powers of Drugs," in which he first declared that we should "employ in the (especially chronic) disease we wish to cure that medicine which is able to produce another very similar artificial disease, and the former will be cured, *similia similibus.*"

With the discovery of the law Hahnemann recognized the necessity for the development of a new materia medica, and in the essay just referred to, after criticising the lack of progress and the faulty methods until then employed, he expresses himself as follows: "Nothing then remains but to test on the human body itself the medicines we wish to investigate."

Hahnemann did not stand alone in his estimate of the value of the accepted materia medica of his day. Thus we find Withering, in his excellent work on botany, London, 1776, commenting upon the materia medica notes in his work as follows: "Many persons will be surpaised to find so little said upon the medical virtues of plants, but those who are best enabled to judge of this matter will perhaps think that the greater part of the little might have been omitted. The superstition of former ages operating upon the ignorance of mankind gave rise to miracles of every denomination and the fashion of combining a great variety of ingredients with a design to answer any particular purpose rendered the real efficacy of any of them extremely doubtful. The dreadful apprehension that men formerly entertained of poisons made them fearful of employing substances that were capable of doing mischief, and therefore they rejected those most likely to do

good." "In this situation of things little advantage can be reaped from the experience of former times—we shall sooner attain the end proposed if we take up the subject as altogether new."

Twenty years later little if any advance had been made in the study of drug action. At this time Hahnemann published the aforementioned essay upon the law of cure and the true method for ascertaining the curative powers of drugs. He fully appreciated the fact that without a reliable knowledge of drug pathogenesis there could be no intelligent treatment of disease. He was also equally aware of the fact that many acute affections are self-limited in nature, hence he recognized the necessity for the development of a system of treatment which could successfully cope not only with the acute but with the more persistent chronic forms of disease. His numerous experiments, accurate observations, and critical reasoning assured him of the truth of the law, yet for years the results in the treatment of chronic affections remained unsatisfactory. He sought long and earnestly for the source of failure and happily was abundantly rewarded for his faithful efforts.

In 1816 he began a systematic study with special reference to the cause of failure just noted, but it was not until 1827 that he felt fully prepared to make known the results of his researches, by the announcement of his theory of the three chronic miasms, i. e., the psoric, the syphilitic and the sycotic. These Hahnemann declared constituted the basis upon which the multitudinous forms of chronic disease were developed.

* * * * * * *

Recognizing the importance of heredity as a factor in disease Hahnemann sought to impress the profession with the fact that the early history of the patient offered symptoms of as much importance and equally a part of the present diseased state as though these early manifestations were still existent. In other words, according to Hahnemann's teachings, the past history of any given case of chronic disease is essential to the completion of the present picture of the same, and consequently essential not only to a correct diagnosis but especially necessary to the choice of the specific curative remedy.

This leading thought was really a new departure in medicine. The symptomatic treatment until then in vogue was so largely directed toward the amelioration of existing pains and discomforts that but little importance was attached to the remote though often most important condition—symptoms which in fact frequently form the most reliable guides in the selection of the true similimum. Herein do we find the generic idea from which grew the entire system of the curative treatment of constitutional predispositions to disease.

Long before defined disease has placed its ineffacable mark, signs and symptoms of its possible development are manifest to the trained observer. Through these often seemingly trifling ailments the conscientious prescriber is enabled to rescue such sufferers from an otherwise pain-racked existence.

In this field homœopathy has won laurels such as no other school of medicine ever attained. To the homœopath every symptom manifested, even in the new-born babe, points unerringly to the remedy which may prevent the development of some form of inherited affection.

Thousands already during the early days of life bear upon them the evidence of disease, psora usually, though possibly syphilis or sycosis. That rosy-hued infant with skin soft as velvet for whom life seems to promise so hopefully soon begins to fade, the skin looks old and is covered with an unsightly rash, jaundice adds its unmistakable sign and soon the stomach and bowels become involved in the diseased process. The early promise gives place to sad forebodings. Now let palliative symptomatic treatment be employed—Leptandrin, Podophyllum, Belladonna, Hydrargyrum, Cum creta, lime-water, Taraxacum, Opium, Sodæ bicarb., etc., looking only to the forcible unloading of the liver, relief of the spasmodic retention of the bile, allaying the irritation of the stomach, or checking the diarrhœic stools, and though the immediate object may be temporarily attained, the diathetic diseased state will in numberless instances progressively increase, and eventually result in serious gastro-intestinal, hepatic, or, perchance, cerebral lesions, lesions which demonstrate the validity of Hahnemann's theory of a constitutional miasm, call it by whatever name we will.

Under allopathy these valuable early indications for a curative treatment, are simply ignored; present relief takes precedence over real cure. How different the results of a purely homœopathic treatment of these psoric affections. The action of the properly selected remedy may not be so immediately apparent, but its effects will not only be more lasting but infinitely superior to all the allopathic symptomatic treatment ever devised.

Multitudes of the victims of tuberculosis and other forms of hereditary disease might to-day be in the enjoyment of comparative health, had the physicians but understood and fully appreciated the importance of systematic treatment of the infantile diseased states, a treatment strictly in accordance with the law of similars. Failure in this respect causes undoubtedly large increase in the mortuary reports from tubercular and other psoric diseases. It cannot be gainsaid

that watchful care during the early period of such hereditary diseases will greatly reduce the probability of serious development in later life and as a consequence we have not only increased health and comfort but increased longevity. Thus while adding to individual life, we find homœopathy acting directly as a great economic factor in that just in proportion as it increases the health and longevity of the individual, it increases the content and happiness as well as the wealth and power of the nation.

A careful and extended survey of the results in families who for twenty and more years have continuously been under homœopathic care, affords abundant evidence of the fact that the percentage of the developed hereditary disease of tubercular type is extremely small—quite too small to be attributed to mere chance. This holds equally true in other forms of hereditary disease. The law being true must also be universal; in its sphere results prove this axiom.

Hahnemann was not content to give a theory only, but wrought out in his daily practice every problem which presented itself to his inquiring mind. He not only proclaimed the law of cure but through his mighty intellect and unflagging zeal he developed a knowledge of the means and methods to be employed in accordance therewith —a result only to be obtained through an amount of labor and original research so stupendous that we to-day look in wonder and admiration at the completed work.

Hahnemann devoted years to the proving and reproving of drugs, thus developing a knowledge of drug effect far surpassing in accuracy and scope that attained by any other one original investigator within the history of medicine. That portion of his materia medica found in four of the volumes of his work on "Chronic Diseases," constitutes the most valuable collection of remedies now known for the radical cure of chronic forms of disease; or, for constitutional predisposing conditions leading to the development thereof.

Among the early practitioners of our school undue stress was laid upon a very few remedies for the treatment of such predisposing causes, in fact some centered their hopes almost exclusively upon sulphur and calcarea carbonica. This however was not in accordance with the teachings of Hahnemann nor has it been in accordance with the teachings of subsequent experience. Individuality is even more essential to the correct treatment of these constitutional states and of the chronic diseases developed thereon than to the successful conduct of acute forms of disease —hence the list of remedies employed has gradually increased as observations have multiplied.

In fact to elaborate the therapeutics of constitutional predispositions to disease would be but to repeat materia medica of antipsoric remedies, to which much needs be added, for peculiar individual states, every remedy in the Materia Medica Pura. Nevertheless as some remedies are endowed with more comprehensive pathogenetic effects than others which though of great importance are more rarely indicated, it may not prove unprofitable to give a brief resume of the indications pointing to those most frequently employed in practice.

Every remedy is endowed with a pathogenesis peculiar to itself and differing in essential features from every other possible remedy, thus for instance, we recognize our Sulphur child by its undue sensitiveness to open air and wind, its aversion to bathing, or to the touch of comb or brush; its rough dirty looking, scaly and itching skin (similar to psorinum) easy abrasion of the skin; fitful sleep at night; tendency to intertrigo, papular eruptions, erosions around the anus; frequent attacks of weakness, sinking spells usually toward noon; early morning diarrhœa usually offensive; or, alternation of diarrhœa and constipation and further the tardy convalescence from, or easy relapse during even trifling complaints, all presenting a picture most easily recognized and when its indications are heeded a few doses of Sulphur 30th or higher will change the whole life of such a little one, making possible that greatest of blessings, health.

Again who would fail to recognize the call for Calcarea carbonica, in that pale, puffed, leucophlegmatic child, with its wide open fontanels, irritable mood and continued fretting or crying; its retarded dentition; disposition to glandular swellings, especially of the cervical or mesenteric glands; the bloated abdomen, sour, vomiting constipation, or diarrhœa, whitish stools, the flabby muscles; dry and flabby skin or profuse sour head sweat and cold, damp feet; retarded bone development; slowness in learning to walk; disposition to "catch cold easily" from which is developed a bronchial catarrh accompanied by a troublesome cough with both rough and fine râles, or its near relative the Calcarea phosphorica in which we also observe the lack of strong osseous tissue; the bones of the extremities grow rapidly in length but lack in strength; the cranial bones are soft and thin and under pressure emit a crackling; the fontanels remain open, or reopen after having closed. There is marked debility but not the phlegmatic temperament of the Calcarea carb. The weakness of the muscles is often so great that the child cannot hold its head erect; the face is sallow, or earthy looking; dentition is retarded; thirst is great, the child wants to nurse all the

time (Arsenic may be erroneously given) vomiting is frequent, though easy; the stools are unusually green and slimy, diarrhœa. During dentition we frequently observe cough either loose or dry; suffocative attacks may occur when the child is lifted from the cradle or bed. Next in frequency is probably Silicea. Here we observe a head disproportionately large, the fontanels are too large; they close too slowly; the child is obstinate and irritable, cries when kindly spoken to; we also find profuse sour smelling sweat on the head; marked emaciation and lack of bone development, in all which there is great resemblance to Calcarea carb. The sweat on the head is however more offensively sour; the stools are dark and when of diarrhœa character are excessively offensive. In many cases we observe constipation the rectum seeming to lack power to expel the fœces. Stool will be partially expelled and then recede. The abdomen is usually distended and may be both hard and hot. In the Silicea patient we almost invariably have an offensive foot sweat, which causes excoriation between the toes. This remedy though often indicated in infantile diseased states is even more frequently called for during the years of advancing growth.

Magnesium carb. also presents a picture of slow dentition with emaciation though it lacks the marked deficiency in osseous developments so prominent in the Calcarea Salts and Silicea. It is characterized by loss of appetite; emaciation, sour vomiting and sour breath; occasionally constipation but more commonly persistent green sour smelling diarrhœa preceded by colic. It is frequently indicated during the first week of life by the greenish diarrhœa stools and colicky pains accompanied by cold hands and feet. In such cases I have found the 30th potency to afford very satisfactory, often almost immediate results.

Magnesium-mur. has greater distension of the abdomen, and marked constipation, the stools are dry and crumbling. Region of the liver is enlarged and hard. The Magn. mur. is especially adapted to children of nervous temperament and irritable disposition, with tendency to glandular enlargements, puny rachitic children, lax fibre: frequently we may observe a sour odor from the body.

Natrum carb. is seldom indicated in the infantile forms of disease hereditary though it is very useful during and after puberty. In it we find the leucophlegmatic temperament though not so marked as in Calc. carb. There is usually an aversion to open air and dislike to either physical or mental exercise. Anæmia is marked; also emaciation, though in some cases the body may be bloated, especially in the morning.

A very characteristic condition of Natrum carb. is the "easy dislocation" and "tending to spraining" of the ankle; the ankle gives way when walking, "turns under." A prominent constitutional indication is the great debility excited by the heat of summer. Chronic symptoms following sunstroke often call for its use, Hering says, "May have been overcome by heat years ago and now with return of hot weather suffers from headaches."

Swelling of the cervical glands is not uncommon. Goitre occasionally occurs, right lobe of the thyroid is most enlarged.

Natrum mur. This remedy has a wide field of action and is equally adapted to the indications found in early childhood and those of advanced age. It is, however, especially useful during and soon after puberty—years during which neurotic affections, chlorosis and tuberculosis are so readily developed. The symptomatic indications for its use are so numerous that one dare scarcely select any as especially prominent, nevertheless it may be well to emphasize a few which are so commonly present as to almost deserve the term "keynotes." Among these are emaciation, especially of the muscles of the neck; this has proved a valuable indication, often occurring in cholera infantum, as frequently observed by Hering. Great weakness and relaxation of all physical and mental powers from the least exertion; this symptom is very similar to that of Arsenicum, but in Natrum mur. we have disinclination to move with great heaviness and indolence in the morning, a condition which clearly differentiates between these remedies. The Natrum mur. mental symptoms are usually characterized by depression, sadness and weeping; consolation only aggravates and excites anger; palpitation of the heart is a frequent accompaniment. The chlorotic and tubercular states calling for Natrum mur. have these mental symptoms very marked.

Phosphorus is a remedy of great utility, yet I know of none more frequently abused by too frequent use. In the early stages of tuberculosis it is often expected to play a role to which it is not adapted. Failure to secure favorable results often induces the use of lower potencies and more frequent repetition, only to destroy every chance of recovery. Destructive degeneration of tubercular masses is hastened by such injudicious use of this remedy. Its tendency to produce fatty degeneration hastens the fatal issue instead of affording relief to the patient. But time will not permit extended remarks upon individual remedies. To prove

more than finger posts on the therapeutic way the indications must needs comprise the complete pathogenesis of each antipsoric as well as of each antisyphilitic and antisycotic of our Materia Medica.

Of the remedies not mentioned by Hahnemann as antipsorics to which I would still call your attention, is the Aurum mur. natr. This remedy in the sixth and seventh trituration has afforded such signal service in the treatment of indurations of the cervix uteri that I have learned to regard it with especial favor. It certainly deserves thorough proving. The symptoms recorded in "Herings' Guiding Symptoms" form so far as they go, reliable guides. The mental state is quite characteristic. The feeling of unrest and impatience, and the disposition to be easily vexed coupled with a tendency to a generally cheerful mood have been strongly confirmed in my experience. In ascites, dependent evidently upon obstruction of the abdominal lymphatics and accompanied by great enlargement of the cervical and axillary glands it has been eminently serviceable. Hepar followed it well.

Another remedy not to be overlooked is the Kalibichronicum. In asthmatic affections of chronic character, also in the senile form where accompanied by great cardiac debility, this remedy has afforded brilliant results. Too frequent repetition of the 1 trit. has been followed by œdema of the feet and legs. Its pathogenesis has been fully given in the "Materia Medica Physiological and Applied" London, 1884. An excellent condensation may be found in "Hering's Guiding Symptoms." In constitutional conditions coupled with symptoms of the lungs and heart it should not be neglected. Its field of action is however quite extended, and as an antipsoric it deserves greater study.

Both time and space warn me to close. Let me then finally urge those who may not have given the treatment of constitutional predispositions to disease that attention which the importance of the subject would warrant, that they arouse themselves to greater effort and increasing zeal. May we all devote our best energies toward the development of this greatest boon which Hahnemann, through Homœopathy, was permitted to bestow upon mankind.

After dilatation of a *stricture of the urethra*, if a cold stream of water is allowed to flow on the under surface of the head of the penis, it will give great relief from the pain following the dilatation. In these cases he always gives one drachm of paregoric to prevent shock.

SURGERY OF THE SPINAL CORD.

By DE WITT G. WILCOX, M. D.,
Buffalo, N. Y.

[A paper read before the International Homœopathic Medical Congress, Atlantic City. N. J., June 16-23, 1891.]

AWAY back in the early surgical days when Ambroise Paré showed his colleagues what could be accomplished by independence of thought and daring but skillful execution, we find that same surgeon recommending that in fractures of the vertebra, the surgeon must, if possible, attempt to extract the compressing bones by incisions. Chopart and Desault speak of it as trephining between the transverse and spinous processes to raise the depressed bones or allow a free escape of effused fluid. Doctor James of London, in a medical dictionary of 1745, uses these words: "If the spinal marrow is injured, death follows inevitably. Though, as it may seem cruel not to attempt the relief of one under those unhappy circumstances, the surgeon should lay the injured part bare by the knife and elevate the fragments which press upon the medulla, in a proper manner, when they are loose, or to extract them. Then let him cleanse them thoroughly, and apply balsamic medicines, using the napkin and the scapulary. He must continue this until the wound heals or the patient dies."

But thus far the operations upon the spine had only been recommended. There are no records of its having been done. Not till 1762 M. Louis, a French surgeon, attempted the work. The captain of a French regiment had been paralyzed by a gunshot wound of the back. Louis, with the aid of M. Dupleis, made an incision and removed the fragments of bone. In the record of the case they speak of the indications of the trephine even where there is not fracture, to allow the free escape of blood. His patient made a free recovery, being able to walk perfectly, an indication that the paralysis had also been overcome. Passing on to 1814, we find a record that the younger Cline was really the first to perform the operation understandingly, and although his patient died, he showed the practicability of such an operation. His reasons for operating upon the spine were exactly the same as those for trephining the skull in depressed fracture; namely, to raise the offending piece of bone and relieve the pressure. This operation of Cline's attracted much attention in the surgical world and resulted in the bitter personality that has so conspicuously adorned the honored members of our profession when one dares show his originality of thought or action. However, Sir Astley Cooper said of it: "Though I may not live long enough to see the operation frequently performed, I have no

doubt that it will occasionally be performed with success." The next operation of any account in this region was that of Dr. Robert McDowell. He trephined through the transverse processes of the twelfth dorsal vertebra, resulting in the healing of an old bed-sore, the disappearance of a chronic cystitis and the return of power over bladder and rectum. In 1869 Dr. Thomas Nunnely, in an address before the British Medical Association, said he regretted that so many surgeons had a prejudice against this operation. He was inclined to believe that such a position had come from submission to habit or from traditional authority, which we all well know, even in the present day, plays so important a part. For instance, the physician is just as careful as ever not to inject any air into the veins of his patient when giving a hypodermic, as were his grandfathers; yet he may be perfectly well assured that a little air in the veins is not so fatal; after all, simply "traditional authority." Nunnely reported four cases, two recovering, and reviewed thirty-three others, of fracture in various parts of the spine. In these, life had been saved in three cases, considerably prolonged in three others. In many others, general improvement had resulted.

From the standpoint of a neurologist Brown-Sequard thinks that death after fracture of the spine is more usually due to the irritation of the cord by pieces of bone than to partial or complete section of this great nerve. He quotes cases to show that complete section or crushing of the cord does not cause death and that in animals death is rarely caused by section of the cord, while they die as quickly as the human subject after fracture of the spine. He sums up his conclusions thus: First, laying bare the spinal cord is not a dangerous operation. Second, death after injury to the cord is due rather to irritation and pressure than to complete section. Third, that union of the severed cord may take place with return of function. Fourth, that removal of certain portions of the vertebra may be followed by the formation of new bone. Fifth, that cases operated upon show the usefulness of the operation.

This opinion of Brown-Sequard will carry with it more weight when it is remembered that he gave it in 1870, many years before his mind or body was affected by his or any one's "elixir." I find other reports of operations by such men as Willard in 1871, Steman in '73, Lidell in '84, Halstead in '84, Keys in '84, Wm. Macewin in '85, R. T. Morris in '86. Among them are some gratifying results.

Although the literature is somewhat rare relative to this subject of operative interference upon the spinal cord, yet there is a sufficient number of cases recorded to enable one to judge somewhat, at least, of the practical value of such proceedings.

Comparing the structure of the spinal cord with that of other nerves, we find this: The cord is made up of white and gray matter whose component parts are similar to that of the brain. There are the transverse, the oblique and the longitudinal fibres together with the connective tissue. The cord is soft, and therefore easily compressible. The cerebro-spinal nerves, on the other hand, consist almost exclusively of tubular nerve fibres, which are tough, inelastic and not compressible. It is, therefore, readily seen that any injury which will exert even a slight pressure upon the cord is quite likely to interrupt its continuity; while the same pressure to the nerves of either the sympathetic or cerebro-spinal system has but little effect. In our own busy American life, we have neither the time nor the opportunity to do much experimental work. We leave that largely to our European colleagues, and then adopting for our work the practical and employing it to the fullest extent. Hence, I shall only speak of the practical value of these operations, not in order to show you what can be done for an exhibition of skill and daring, but what the surgeon may do to give his patient possible relief from paraplegia, pain, incontinence of stool and urine, lameness, and all the symptoms that result from an interruption of the continuity of the cord.

First, as to fractures: In times gone by there was no stronger synonym for a fatal issue than a broken neck or back, yet modern surgery has robbed that very greatly of its force. One may have such a condition and recover. If it is true, as has been shown by one writer, that out of 51 cases of resection for fracture 21 of them showed fracture of the transverse and spinous processes, then we have the greatest encouragement for undertaking the radical correction of the injury. One of the greatest objections to the operation has been that in fracture of the spine it was the body of the vertebra that compressed the cord, but the greater the number of operations performed, the more frequently do we find that is not the case. Moreover, if the bodies of the vertebræ did compress the cord, to remove the laminæ only increased the size of the spinal canal, and allowed more room for the compressed cord. Another argument against this operation of cutting down and removing the fragments of bone that may press upon the cord, is the fear of transforming a simple into a compound fracture. This argument was all-powerful before the days of Listerism and antiseptics. But in these Utopian days of professional loveableness and surgical purity, the argument is *nil*. Hence, if we have a patient who has sustained a recent injury to the spine and who has

more or less paraplegia, with the accompanying symptoms, it is best to wait a reasonable length of time for the absorption of effused fluid and subdural hemorrhage, as well as shock. If, however, in time the acute symptoms do not abate, but rather grow worse, the surgeon is fully justified in exposing the injured vertebra to ascertain, if possible, whether there be any portions of bone pressing upon the cord, and if so, to remove them.

The second class of cases that may be benefited by this operation is those of caries of the vertebra. In many patients suffering from Pott's disease there are few early symptoms to aid us in making out the correct diagnosis, but autopsies have shown us that one of the first pathological conditions that exist is the production of pus in or about the body of the vertebra. Now, if this pus finds its way into the spinal canal there will be pressure, and from that pressure we get many of the early symptoms of Pott's disease. There is pain in the legs, incontinence, uncertainty of gait and backache. That these symptoms are due to pressure rather than to degenerative changes in the cord, as formerly supposed, is much more evident. We all know the relief expressed by a patient after psoas abscess has been evacuated. In this there is merely a suggestion that the spine could be trephined and the pus removed, before it had reached a stage of so great pressure.

We come now to the last condition, that of neoplasms of the spinal cord. Upon this division of the subject, there is very little to say, and exceedingly much to learn. Dr. Horsley has tabulated about fifty cases, and Dr. Mills fifty more, which probably comprise nearly all. One of Dr. Horseley's cases will bear mentioning. In 1887 he operated upon a patient who had had for three years previous severe pain beneath the left scapula, thought to be intercostal neuralgia. At the end of the three years there was distinct loss of power in the lower extremities and soon there were symptoms of a transverse lesion of the cord a little above the middle of the dorsal region. He removed the laminæ of the second, third, fourth, fifth and sixth vertebræ and slit the dura mater. In about the region of the second dorsal vertebra he discovered an almond shaped tumor which proved to be a fibro-mixoma. Dr. J. William White relates two interesting cases in which the dura was opened, and there found thickening of the connective tissue and sub-dural adhesions. In one case very marked improvement followed. The other was fatal.

In this class of cases, the chief work consists in making a diagnosis, which can only be done by a careful study of the case from its earliest inception with all accompanying symptoms, and which even then is not an easy task for the neurologist.

Lastly, as to the manner of performing this operation: The patient should be placed in the prone position with a little support under the sternum to bring the spine well up on the stretch. A long incision should then be made down to the tips of the spinous processes; then dissect the muscles away from the spines and laminæ on one side, pack with sponges, while the other side is similarly dealt with. When all hemorrhage has ceased the spinous processes would best be removed down to their base with bone-forceps. This gives a better exposure of the arches of the vertebræ.

In cutting through these arches, if they be not already fractured, each operator suggests a different method. Horseley uses the trephine; others the chisel, and some Hayes' saw or the gouge. I have found in my experiments upon the lower animals and upon the cadaver that a heavy pair of bone-forceps, as was also used by J. William White in his operations, are by far the best. By snipping a little at a time on the arches, one is soon cut through; then there is more room for the others, and it becomes rapid work in so removing them. The cord is now exposed, and may be carefully examined for growths or pressure. If desirous to carry the operation further, the dura may be picked up with delicate forceps and opened. This may be incised for as great a distance as seems desirable. There is now ample opportunity in searching for neoplasms, pachy-meningitis adhesions, or thickenings, all of which conditions can be dealt with as severally required. After careful cleansing the dura is stitched with fine interrupted catgut sutures, drainage introduced, and the entire wound closed with all precautions as regards sepsis. From the fact that these injuries to the cord and these neoplasms are somewhat rare it is scarcely likely that the operation will ever become extensively employed. But when such conditions do exist, the situation is so distressing, improvement so hopeless, and the fatality so sure, that to bring relief to the few so afflicted will be another star in the crown of our surgery of the nineteenth century.

THE PREPUCE.

By W. E. GREEN, M. D.

LITTLE ROCK, ARK.

[A paper read before the American Association of Orificial Surgeons, Chicago, Sept. 9-10, 1891.]

YOUR secretary, without word or choice on my part, assigned to me as a title for a thesis at this meeting, "The Prepuce." I assure you, had I been selecting a theme I never would have chosen this one; not on account of its unworthiness, but because I have no predilection for the subject. Since I had no voice in the matter I shall make no apology nor ask forgiveness for my shortcomings.

The prepuce, on account of its relation to the organs of generation, has been an object of interest to mankind since the earliest history of the race. The origin of life was a question as absorbing and perplexing to the ancients as to the present generation. With them gestation was a mystery, and the organs through which it was accomplished became personified and deified, and was a part of their religion. Phallic worship was almost universal at a certain stage of civilization. It was one of the earliest cults of the human race. Every age passed through its stage of Phallic worship, which now appears to us as a gross and lascivious form of religious superstition; but was at the time free from all ideas of immorality or licentiousness. The Greeks and Romans had their Phallas and Oteis, the Hindoos their Lingam and Youi, the Germans a god named Fricco, and the old races of Spain a god called Hortanes. It was a worship so akin to human nature that the Jews, according to Ezekiel, xvi: 17, clung to it.

The symbol of the Phallic worshippers was an erect and tense penis, with the foreskin either rolled back or cut away. It is thus portrayed in Central America, in Egypt, in Rome and in Greece. The operation of removing the foreskin is among the most ancient of surgical procedures, and was at first performed in a rude way with instruments made of flint. The origin of circumcision has never been satisfactorily explained. It did not originate with the Jewish people, for it can be traced back to the most hoary antiquity, and was a custom among races widely separated from each other. The prepuce was probably given as a sacrifice of a part of the body for the preservation of the remainder. Herodotus says that the custom was enjoined by the ancient Egyptians for the purpose of cleanliness; but cleanliness and sanitary reasons only, are not complete explanations of the custom, for among most nations who practiced it, it was connected with their religion. With the Jews it had both a moral and a religious significance. The Jew was taught that sin had corrupted man in all his members. The evil in man's nature manifested itself especially through the procreative functions. Circumcision, therefore, while it was a covenant between the Jew and his God was, also, a consecration of the member affected by it, for the moral welfare of the nation.

We find in Genesis that the rite was also used to establish a covenant between different tribes. In the early history of King David an incident was related that indicates the existence at that time of a barbarous practice among the Israelites, analogous to that of scalping among the North American Indians, viz: the cutting away of the prepuce of a fellow enemy and exhibiting it as a proof of his death. It seems as though Saul became envious of David because the women of his nation attributed to him greater valor than to Saul, Michael, Saul's daughter, loved David, and it appears that David reciprocated her affections. Saul was cognizant of this fact and he took advantage of it to rid himself of his valiant rival in war; so rather than slay him with his own hands he endeavored to ensnare him into the hands of the Philistines. So Saul bade his servants say to David, that the king desired no dowry for his daughter, but in lieu thereof a hundred foreskins of the Philistines; thinking to make David fall by the hands of the enemy. David was pleased by the opportunity, so he went out with his men and slew, not one hundred, but two hundred of the Philistines and brought their foreskins to Saul as a proof of their death, and Saul gave him his daughter Michael.

In primitive times the operation was performed by the fathers of families, and in certain cases even by the mothers; the proper subject among the Israelites being a male child of eight days. Afterward it was done by physicians and at the present time by a special officer. The circumcision of an adult was always attended with great inflammation and danger. The third day was considered the critical period of the operation, but the subject was confined to bed from fourteen to twenty-one days. The sons of Jacob took a despicable advantage of the Shekemites when suffering from the effects of circumcision; having inveigled them into submitting to the rite as the only basis on which they would enter into a covenant with them, on the third day when the men were prostrated with pain, Jacob's sons fell treacherously upon them and put them to the sword to a man. The hopelessness of those men indicates the prostrating effect of the operation in those days; perhaps on account of the rough and unskilled mode of its performance. We find also a curious statement to the effect that when the Jews had, in imitation of the Romans, built a gymnasium in Jerusalem, some of the young Jews, ashamed of their circumcision, had themselves uncircumcised. This operation was doubtless a plastic one.

The prepuce is a cap-like covering for the glans penis and is formed from a duplicate of the integument covering the organ. Its outer surface is cutaneous and the inner, which comes in contact with the glans, is mucodermic. This layer is bound firmly to the penis at the cervix, when it runs forward over the glans and shades off into the urethral mucous membrane. The prepuce is noted for the thinness of its integument, the absence of subcutaneous fat, for its loose attachment, and for the ease with which it glides over the glans. It

varies greatly in length in different individuals. In some it is not sufficiently long to cover the head of the penis, while in others it may project an inch or more beyond the meatus giving a snout-like appearance, with a contracted orifice which produces a constriction when it is retracted. To this condition the term phimosis is applied. At times, the inner surface of the prepuce is adherent to the glans which causes an accumulation of the secretions in the cervix, that is often productive of much irritation. It would be an act of superogation for me to occupy the time of this body by entering into a discussion concerning the various reflex disorders that may be produced by a tight or adherent foreskin, and the relief of the disorders arising therefrom by circumcision; since they have been so ably set forth by men like Sayre, the first promulgator of the idea, Riverden, and others, for it is presumed that the documentary evidence of these writers is in the hands of every well informed physician.

Any condition of the prepuce, that may produce an irritation is liable to set up reflex disorders, and therefore, should be looked upon as abnormal, and demands the proper surgical treatment for its correction. I have been extensively performing circumcision ever since Dr. Sayre, in 1874, published his first article on congenital phimosis as a cause of reflex muscular contraction, and have relieved the following conditions by the operation, viz.: Mental and physical depression, epilepsy, convulsions, constant fretfulness and crying, vicious disposition of temper, paralysis, renal suppression, nocturnal enuresis, vesical irritation, mal-assimilation, marasmus, chronic diarrhœa, and eczema. By way of parenthesis, I will say, that similar troubles are produced in the female by adhesion of the labia minora to the clitoris, and consequent accumulations of smegma. In 1876 I was treating an intractable case of vesical irritation, accompanied by a high degree of nervous irritability. Failing in my therapeutic measures I instituted an examination of the genitals and found a large accumulation of smegma beneath the labia minora, which were adherent to the clitoris. I broke up the adhesions and removed the pent up secretions, relieving the symptoms entirely. The subject is now a grown up woman. I have done the operation occasionally ever since. I do not remember whether I obtained the idea from Sayre's writings, or I reasoned it out from analogy.

One would naturally think that the operation of circumcision was trivial, and quite easy to perform, but from my own experience, which has been very large, and from examining many cases done by other physicians, some eminent surgeons, I am led to the conclusion that there is a great deal of bad surgery done on the prepuce. I have occasionally seen it left too long, when it had drawn over the glans, and almost closed the meatus by cicatricial contraction; in other cases, it was cut too short leaving the sensitive glans permanently bare and chronicly irritated. But the greatest disfigurement I have observed, is where the mucous membrane has been slit up on the dorsum to the corona and not trimmed on the side, making the skin short on top and very full laterally, giving the organ a lop-eared appearance. Surgeons have no more right to inflict a deformity upon a man's penis than upon his nose or lip, though he would probably overlook the one and not the other. Considerable care should be exercised in performing the operation, that the organ may not be given an unsightly appearance. The prepuce should be cut so that when recovery takes place it will be symmetrical, and cover at least one-third of the glans. If the operator is inexperienced, in order to avoid accident, the point where the incision is made should be marked with a pen. The operation in the young infant where strong adhesions exist is a delicate one and tedious to perform, somewhat like resecting the femur of a grasshopper; but it is not attended with any degree of inflammatory symptoms and is usually well in three days. The only instruments necessary for its performance here are a pair each of scissors and thumb forceps, while in the older subjects, needles, needle holder, and ligatures in addition are required. My mode of operating is to simply seize the foreskin a little in front of the point at which I desire to remove it, and slide it down in front of the glans; then I grasp the structures tightly so as to firmly secure the mucous membrane and draw it well forward, so that the glans will be out of danger, and cut it away with the scissors, at the point of election, from above downward an angle of forty-five degrees. The adhesions are then broken up, and the mucous membrane turned backward. If it is necessary to slit up the dorsum, I am careful not to extend it entirely up to the corona, and to trim the sides so as to make it the same length all around. If the subject is a very young child, I take a square of iodoform gauze, of the proper size, and cutting a small hole in the center slip it over the glans until it rests in the cervix, and then fold it back and tie it around the body of the organ with a silk ligature. This is removed on the third day, the recovery usually being complete by that time. In a child old enough to move around or an adult, stitching will be necessary. The first stitch, with a fine catgut, should be taken on the under surface, so as to bring the raphe on a line with the fraenum, then the next one on the dorsum; then from one to two on the sides so as

to nicely coaptate the parts. I then paint the line of incision over with a solution of iodine in flexible collodion. In performing the operation every antiseptic precaution should be observed, so as to get union by first intention if possible. In older children and adults considerable inflammation and swelling will often follow the operation, and sometimes much suffering is experienced. Some surgeons are wedded to cocaine, and always do the operation under its anæsthetic influence, but I am prejudiced against it as I have had extensive sloughing, severe suffering, and consequent cicatricial distortion follow its use. I prefer the general anæsthetic.

This great generalization of the idea, that a tight or adherent foreskin is the exciting cause of so many disorders, often leads to serious dis appointments; for without great care and con sideration its importance will be over-estimated and the operation needlessly applied to inappropriate cases, and in consequence failures will follow. As an illustration I will cite the following case.

Patient aet. 9 months, bottle-fed, had been suffering for several weeks from diarrhœa. I had exhausted my materia medica upon him without material benefit. The child would improve for a few days, then, as these cases generally do, would take on an acute aggravation. In the early part of his sickness I had examined his penis, and found a marked degree of phimosis, and advised that circumcision be performed; but had postponed it on account of the severe character of the symptoms. Later the child had greatly improved, and though still requiring daily visits was well on the way to recovery; so I anaesthetized him and did the operation. But little inflammation followed, and the wound healed promptly. On the afternoon of the operation he developed some gastric disturbance, probably the results of the chloroform. The next morning his bowels began to run off and I was unable to check them in the least. He rapidly sank, and died on the ninth day afterward. The parents, though they did not say much, were convinced that the operation caused the fatal issue. I was much disappointed and believe, myself, that the anaesthetic was instrumental in producing the gastric disturbance, and was to some extent responsible for the result.

HYDROGEN PEROXIDE AS A COSMETIC.

By CHAS. D. RICH, M. D.

CHICAGO.

AMONG the cosmetic uses of hydrogen peroxide there is one occupying a minor place to which I wish, briefly, to direct attention. There are some women of the brunette type, usually with an olive skin, sometimes with a fair skin, who have the misfortune to bear upon their upper lip or on the sides of their face just in front of their ears, a growth of fine, dark hair. The hair is the lanugo variety and is noticeable only on account of its dark color. Ladies are always morbidly sensitive about such a blemish, imagining that it attracts every one's attention, makes them look masculine and renders them a subject of comment every time they appear in public. Kind, but tactless, friends indulge their wit by facetious reference to "Mary's moustache," or Julia's "side-burns."

The application, by means of a camel's-hair brush, of hydrogen peroxide will bleach the hairs and render them invisible except on very close inspection. As a preliminary measure it is well to wash the growth with a solution of powdered borax in water, to remove the grease which adheres to every hair. The application should be made several times a day until the hairs are thoroughly whitened, and after that as often as is necessary to maintain the color.

There is one essential to the successful use of hydrogen peroxide. The preparation must be fresh and reliable. It is an unstable compound. and deteriorates quickly on exposure to heat or light. Ch. Marchand's is the best preparation, and should be procured in small quantities from such dealers as handle it extensively.

The cases in which the above use of it is to be made must be selected. It will not remove superfluous hair or render invisible a luxurious growth, but it will make imperceptible a dark, downy growth on the face of a sensitive girl, and thereby save her much annoyance, perhaps torture. If the hairs be coarse they can be removed by electrolysis, but there are only a few specialists who can remove hair by electrolysis without leaving visible scars, and where the hairs are very numerous and fine it is best not to use that method. Hydrogen peroxide is perfectly bland, unirritating, and therefore will not, like most of the depilatories in common use, caustics, pumice-stone, etc., stimulate the skin and increase the vigor and growth of the hair.

PREGNANCY.

By EMILY V. PARDEE, M. D.

SOUTH NORWALK, CONN.

[A paper read before the International Homœopathic Medical Congress, Atlantic City, N. J., June 16-23, 1891.]

IN surveying the subject assigned me I feel something as a person way back in Connecticut might feel, when, standing for the first time upon the top of the Absecom Light House and looking down, he beholds "three thousand miles of emerald ocean pounding on eight miles of silver beach."

But I will not attempt to occupy all the lati-

tude afforded me, and my paper will resemble the "emerald" of the ocean, rather than its depth.

My communication must be somewhat desultory, as my object is, firstly, to suggest the wisdom of relieving many of the discomforts of pregnancy without medicine, and second, to bear witness to the efficacy of our homœopathic remedies where medication is required. Many apparent maladies of gestation are physiological, while similar ones appearing in a non-pregnant patient would be pathological, and even alarming and while pregnancy is not in itself a morbid condition it has a tendency to develop any latent dyscrasia, and thus we oftentimes get the "dis orders that complicate pregnancy."

To defective household hygiene, to unkind and thoughtless husbands, to unwise and garrulous neighbors, to badly appointed tables, and to the mistakes of dress, we may, I think, impute the majority of the ills of procreation; and if we could but supervise the husbands, the wardrobes, the tables, and above all the gossips, the disorders under consideration would materially diminish.

Unfortunately the busy obstetrician encourages a morbid habit by exhibiting remedies, instead of pausing to kindly direct the often frightened girl-woman from a kind of superstitious darkness which envelops her, into a rational understanding of herself and her condition. Time spent to thus instruct a patient seems to me less "elaborately thrown away," than in attempting to determine the sex of the child in utero, or estimate the pulsations of the fœtal heart; and sometimes I think the welfare of a patient is compromised by the pedantic display of stethoscopes and questionable intra-uterine injections. In this age of enlightenment, and this country of culture, we should not seek to simulate the customs of the old Japanese accoucheurs, who, after the fifth month call every day, ostensibly to reduce surmised irregular presentations by mysterious manipulations, but actually to increase their revenue. If remedies are indicated as auxiliary, the law of similars is "the same yesterday, to-day and forever;" and the same carefully selected remedies should be chosen, as would appeal to similar complaints at any other period. I have often said to a patient, who, discovering her plight, comes for orders—"Forget your condition and do just as you would do, if not conscious of it, always refrain from reaching, jumping, and Barnum's show."

I believe it is quite generally admitted that surgical operations during gestation are not attended with any extraordinary degree of danger. This opinion is based upon review of medical literature and not upon personal experience, and it has been said that "our cleverest theorists are rarely dexterous." I will not god-mother the assertion; but I consider that in case of a rapidly growing tumor, removal is wiser than premature delivery. To leave the foreign growth and destroy the vital fœtus always reminds me of the old lady whose dear little doggy got his head in her milk pitcher and could not extricate himself. In distress the old lady argued, "I can keep house without my dear little doggy but I cannot keep house without my milk pitcher," so she cut the puppy's head off, and afterward was obliged to break the pitcher to get it out. We have seen that cases of fracture or accidental injury heal as readily when complicated with pregnancy as in the non-pregnant. We have a case on record where the fœtus was killed in utero by a pistol shot through the abdomen of the mother, and a good delivery and recovery followed. I recall a case in my own practice where a young woman riding in her carriage was picked up by a passing train (I suppose she "didn't know it was loaded") and thrown over the telegraph wires into a gravel pit, while there wasn't enough of the horse and carriage left for the coroner to place under a microscope. I was immediately summoned, and found her suffering from shock, a broken jaw and several bruises and contusions. I packed her in hot arnica, gave the 3x dilution internally, invited a dentist to repair her mouth and expected every momont that labor would obtain, but she recovered and no unfavorable symptom intervened and at the full term of gestation I delivered her of a vigorous child.

The term "enciente," although French, comes to us from "incinct" of the Romans, and means to them, "unbound"; the Roman women always wearing a cincture or girdle until pregnant and then removing it, leaving themselves unbound. Now, laced corsets have been commended as benefiting the world at large by killing off the foolish girls, but they should be prohibited during pregnancy, for such pressure not only induces cough and hastened respiration and cardiac contractions from pressure upward, and varicose veins from pressure downwards but is a fruitful source of abnormal presentations and even deformed offspring, and favor prolapsus and inversion of the uterus.

Goitre seems to be closely allied to the diseases of the generative organs, seldom appearing before puberty, often expanding during each menstrual period, and developing with pregnancy. It is one of the things to be let alone and it will take care of itself when the excitant factor is removed.

Many cases of cerebral congestion are dependent upon constipation and would be nil if the constipation were cured, and fifty per cent of the cases of constipation are due to gastric de-

rangements. And right here I will spend a moment upon the battered subject of gastric disturbance and vomiting of pregnancy.

Where cervicitis exists it is a potent factor in producing sick stomach and its train of subjective phenomena, and a bland topical application to the diseased surface leads more rapidly to relief than remedies without local treatment. The spraying of ether over the epigastric region and corresponding portion of the spinal column has many advocates, but I consider the benefits to be so transient as not to be worth the time. Roasted maize, or Indian corn "popped" and eaten freely with salt is of utmost utility in some cases; but perhaps the most popular treatment to-day for this complaint, is Copeman's method of dilating the external os; a procedure to be reprehended as frequently disastrous to the fœtus. In all cases rest the stomach and administer nutritious enemata. After all, I think we frequently prescribe just as the uterus rises in the pelvis and Nature heals the upheaval and we get the credit.

The "longings" of pregnancy about which we hear so much, I confess to not being in sympathy with. Some of our women I fear me, take advantage of their condition to "long" for favorite but forbidden luxuries. One lady told me months before she conceived, what she would long for if pregnant, as it was a soup that her husband prohibited from his table, and verily she longed and was supplied with her forbidden condiment, and so her child was not marked by diamond-backed turtles. The discolored patches that mothers will tell us are "strawberries and grapes" often resemble a liver-pad about as closely as they do the fruits named.

In the insomnia of pregnancy avoid stimulants and excitants of any description, as also anodynes and hynotics—advise massage and such exercise as can be indulged in at the least expense of vital power. This counsel cannot be over estimated.

Again, many pregnant women do not bathe much oftener than the Queen of Madagascar, and stay indoors during the last few weeks as closely aad religiously as the Zenana women of India. They need oxygen internally and H_2O externally.

The use of castor-oil in the last weeks of pregnancy is very common but not very proper. I suppose every practitioner meets it and must admit its use or contend against it; while it undoubtedly reduces the rigidity of the os, it excites uterine contractions and so precipitates parturition. Let us stand against such interference even though it be proven that Hippocrates gave castor-oil to the Greeks and it moved them to the "tug of war."

Another deplorable "kink" the "old wyves" advocate is the oiling the abdomen, imagining it promotes easier labor. I cannot think so and am sure it makes the abdominal muscles flabby and less capable of shapely contractions. Instead of allowing such waste of ointment, it better be "sold for two pence and given to the poor" for a Homœopathic Hospital in Connecticut.

Even Anæmia, which more nearly approaches a disease than most of the complaints of pregnancy, is often the result of malnutrition of nerve centers, and is often more surely relieved by proper food, congenial companionship and plenty of fresh country air, than by medication or even the iron and arsenic of the old-school. So the œdema of the lower extremities without kidney complications, might always be cured, if doctors could furnish rest, well directed massage and recumbent position, in place of hydragogue cathartics, so often resorted to.

Now, while I have borne upon the many difficulties arising in pregnancy which demand our kindly advice and teaching, do not understand me to think that all the occurring discomforts can be met and dispelled in this way. Far from it; but the law of similars will take care of the balance.

As practical verification: Early in my practice a young woman came to me who had borne five children under allopathic guidance. Four had suffered from tinea capitis, then pulmonary and enteric irritations, and then collapse. Our valuable vital statistics would very likely show us that "heart failure set in" as a secondary cause of death. The fifth one pulled through, but one eye was sacrificed to heredity. At the beginning of her sixth pregnancy she came to me for help. I put her upon antipsorics and kept her upon them, and as a result a healthy boy was born and he is now twelve years old. Three years later, after another eight months of faithful medication, she was repaid by the birth of another vigorous child, who is still living. These two never developed the family eczema and I believe are entirely indebted to Hahnemann for their lives. Had Lord Byron lived today he might have said,

"Oh, Christ! it is a goodly sight to see
What Hahnemann hath done for this delightful land."

At another time an extremely modest, well controlled, quiet lady of culture came to me in the third month of pregnancy and with shame recounted her hallucinations and sexual excitements, "so full of fearful dreams and ugly sights" which were typical characteristics of Stramonium with its train of neurotic indices. I gave her Stramonium 3x dilution and in less than ten days she was rejoicing to find herself free from her unnatural and frightful delirium.

I have often found myself giving indicated remedies faithlessly, and have marveled at the relief they brought.

The adherent stool of Aluminum, the fidgety feet of Zincum, the white tongue of Antimonium crudum, the brick sediment of Lycopodium, the heart-burn and regurgitation of Phosphorus, are beacon lights and will not mislead you, and were I launching my craft on the sea of medicine to-day, instead of pulling for the shore to lie up for repairs, I would get my Materia Medica where I could use it without gas-light or spectacles.

THERAPEUTICS OF MEMBRANOUS CROUP.

By R. B. HOUSE, M. D.

SPRINGFIELD, O.

[Read before the Ohio State Homœopathic Medical Society, Findlay, May, 1891.]

AMONG the diseases that a physician approaches with mingled feelings of uncertainty and dread, none is more formidable than membranous croup. It is not the purpose of this paper to enter into an extended description of the history, etiology or symptomalogy of this disease, taking it as granted that there is no great difficulty in diagnosing a case of it or indistinguishing it from catarrhal croup, or recognizing early its appearance in connection with diphtheria, but rather to consider what therapeutics we have in our materia medica with which to successfully combat it.

Having recently had an experience with membranous croup with a fatal termination, when with the aid of able counsel we not only tried the therapeutical measures, but also many local applications, sprays and inhalations without any appreciable benefit, I was led to inquire if a strictly therapeutic treatment was not more likely to produce the best results.

I at once commenced a careful investigation of the cases that had occurred in my practice and was surprised to find that every case that had terminated favorably had been treated with remedies administered alone without any local applications, sprays or inhalations, though it is but right to explain that the local applications, sprays or inhalations were not resorted to until the cases had become desperate.

We are fully assured that homeœopathic therapeutics is justly entitled to claim more favorable results in its treatment of croup than any other method, notwithstanding Johann Stein of Prague, says: "If certain physicians, generally homœopathist or hydropathist, boast of brilliant cures, while practitioners of known ability and honesty confess to the most dreadful losses, the explanation lies simply in the fact that none but swindlers and ignoramuses indulge in such vaunts." But we are fully in accord with him when he says: "Croup is under all circumstances a deadly disease and the prognosis is in general extremely doubtful." Placing our patient in the most favorable surroundings, with abundance of pure air, equable temperature and moist atmosphere, we are prepared to select a remedy.

If called early, before we can definitely distinguish between a case of catarrhal or membranous croup, it is invariably the safest method to give Aconite; if the case proves to be of the catarrhal variety, it will afford relief, and Spongia given in alternation or following the Aconite, will effect a cure.

Baehr says that Aconite is a sheet anchor in the catarrhal variety but utterly inefficient in membranous croup.

Farrington recommends in croup, whether catarrhal or membranous to give Aconite when the trouble has arisen from exposure to dry, cold, northwest winds; the patient is aroused from sleep with long suffocative attacks; the cough is of a hard, dry barking character, and may be heard all over the house; there is great difficulty in breathing, anxiety and high fever.

Spongia should be given if Aconite fails to relieve, and the cough grows worse, is dry, harsh, rasping, the breathing becomes "sawing," or if malignant features present themselves a few hours after the attack commences and the cough has a hollow sound, less resonant; hoarseness increases approaching aphonia, dyspnœa is more marked. There is always this characteristic difference in Aconite and Spongia. Aconite has the hoarse cough and loud breathing during *expiration* and not much wheezing or snoring in breathing. Spongia always during the *inspiration* and the breathing is always whistling, sawing, rasping. Aconite also has greater restlessness and anxiety than Spongia. In the stage of invasion Aconite is often discontinued *too soon*. It is safer to continue it until the acute catarrhal symptoms have subsided even if you use it in alternation with some other remedy than to leave it off too soon and get a return of the catarrhal symptoms in an intensified form for then the mucous membrane of the larynx and trachea is almost sure to take on a fibrinous exudation and the patient is lost. The Spongia patient is worse before midnight; Aconite, after midnight.

Hepar sulphur symptoms are worse after midnight and toward morning. Hepar sulphur is indicated when the respiration is almost unembarrassed. The cough has the same harsh, wheezy, croupy sound as Spongia, but there is a great deal of moisture with it, rattling as if the air-passages were clogged with mucus. The child chokes with every coughing spell, is extremely sensitive to cold air; so much so that

the least exposure, even uncovering an arm or a foot, excites a spell of coughing. Hepar is especially indicated if in addition the cough is worse toward morning. The cough has a metallic sound and respiration may become difficult from the accumulation of mucus in the air-passages, or formation of the membrane, so that the child throws its head far back, or wants to sit up in order to breathe. There is the same anxiety that we find in Aconite, but the cough is always *moist*, while the cough of Aconite is always *dry*.

If I do not succeed with Hepar, I usually resort to one of the halogens. Iodine is particularly indicated after the failure of Hepar; when the membrane has formed like Hepar and Spongia, the paroxysm is worse during *inspiration*. Inspiration is exceedingly difficult, both from spasm of the throat, occlusion of the larynx by the formation of the membrane; so the child grasps the throat with the hand.

With Iodine the cough may be dry, short and hacking, with great soreness of the throat and chest, or the cough may be moist with expectoration, constant hemming and hawking of small quantities of mucus or even of large quantities of mucus streaked with blood. Iodine has morning aggravations. If the patient is worse in the morning, the paroxysms more severe the voice nearly extinct from hoarseness and other indications favorable to Iodine, then it is especially an important remedy. In the majority of such cases Iodine will undoubtedly have a favorable effect, but you must not indulge in the expectations of cutting short the disease. Do not change the remedy in these cases too often. Even if the dyspnœa increases at first, it is no reason why Iodine should be discontinued, as Farrington says, "Do not change your remedy on account of alarming symptoms that may spring up, *unless you are certain they indicate a change.*"

Iodine is also particularly adapted to cases that come from long-continued damp, cold weather. Bromine has never afforded me the help that Iodine has in croup. But in some cases it has done good service. Bromine is especially indicated when there is a tendency to spasm of the glottis. The child suddenly awakes from sleep as if choking, hoarse, whistling, croupy voice; inspiration exceedingly difficult. These symptoms are relieved for the time by a drink of water. The membrane seems to come up from the larynx into the throat, every inspiration seems to provoke cough, especially every deep inspiration; sensitive, as if the air-passages were filled with smoke; cannot inspire deep enough; the breathing is hoarse, rasping, whistling, as though the child were breathing through a sponge or some loose metallic substance which was vibrating. Here it resembles Spongia. Bromine is especially suited to light-complexioned children, with light hair and eyes, which is held to be a great distinction between Bromine and Iodine, as the latter is especially indicated in dark complexioned children with dark hair and eyes. Bromine in fat chubby children, Iodine in the spare children of a scrofulous diathesis. In connection with Iodine and Bromine, Farrington speaks of Kaolin, a combination of lime and silica, as having proved very useful in membranous croup. I have never used it and know nothing of its indications only as he gives it, "The membrane dips deep down into the trachea." There is extreme soreness of the chest. The child does not want anything to touch him, he will not permit you to use steam or hot cloths because the chest is so sore.

Kali bichromicum resembles Bromine inasmuch as it relates to temperaments, being indicated in fat, chubby, light-haired and blue eyed children. It has a hoarse, dry, and decidedly metallic cough. The fauces, tonsils and larynx are red and swollen, deglutition is painful. The cough, or rattling sound, seems to descend until it apparently reaches the lower third of the sternum, the irritation of the cough seeming to start from there. Breathing becomes very labored. The child has smothering spells, arousing it from sleep.. The whole chest heaves with the efforts of respiration. The membrane forms thickly in the larynx and extends to the trachea and even the bronchi. A speudo membrane covers the tonsils, difficult to detach. Expectorations of a tough, stringy mucus coughs up casts of a fibrinous nature. The patient is worse in the morning from three to five o'clock. Loud mucus râles, wheezing, rattling breathing in sleep.

Kali bichromicum is frequently indicated in diphtheritic croup, and has a resemblance to Mercurius cyanatus. The distinction lies in this, the Cyanide of mercury has great weakness, not due simply to prostration from the efforts of the child in breathing, but is due to poisoning of the blood, which is indicated by the blueness of the surface, coldness of the extremities and quick, weak pulse. If these symptoms are not present Kali bich. is to be preferred.

Sambucus has never afforded relief in my hands.

If I find the symptoms of asphyxia increase, the dyspnœa become more and more severe and the restlessness and agony of the child grow more distressing, and symptoms of cerebral congestion more marked in spite of the remedies already exhibited, I am led to consult Phosphorus or Tartar emetic. Phosphorus if the cough has lost all resonance and force and the mucous râle has ceased, or more especially

if the croupous process has invaded the bronchi and the lungs have evidently become hypersæmic; Tartar emetic if the dyspnœa and the danger of asphyxia are occasioned by movable patches of membrane. The cough is feeble and without resonance, but a mucous râle is distinctly heard in the trachea. Phosphorus is the remedy *per se* capable of slowly producing absorption of the croupous exudation in the bronchi, but if the exudation in the bronchi is extensive the absorption is so slow that it will not avail to save life, and in this particular type tracheotomy or intubation cannot produce favorable results unless resorted to early.

If well assured that the dyspnœa is due to a paralysis of the muscular apparatus of the larynx, instead of a croupous exudation, I would consult Cuprum or Arsenicum.

We cannot treat croup from a purely symptomatic stand point. If we do we may be obliged to change our remedy so often as to be productive of harm instead of being salutary. Select the remedy carefully, and give it until you are certain it is not accomplishing the expected results, before changing. I have purposely avoided all allusions to local applications, inhalations or sprays, as well as tracheotomy and intubation.

The Part Played by Microbes in Suppuration.

In the course of a discussion at the recent French Surgical Congress, on the different forms of suppuration, M. Verneuil stated:

1. Microbes are necessary for pyogenesis.

2. There are many known pyogenic microbes, some are constantly pyogenic and nothing more, others seldom produce pus and are pre-eminently infective.

3. The vitality of pyogenic microbes varies — some disappear very rapidly, others retain their vitality for indefinite periods.

4. Suppuration may in every instance be regarded as due to the presence of bacteria. The following therapeutical indications were deduced:

1. In cases of open suppuration, as, for instance, unhealed wounds and carbuncle, the treatment should consist in prolonged antiseptic baths, and in the application of antiseptic powders.

2. If the suppuration be intra-dermic, as in lymphangitis and erysipelas, the application of antiseptic powders will suffice.

3. If the suppuration be deep-seated, one must penetrate into the collection in order to evacuate the pus and to sterilize it. Free incisions are useless; all that is necessary is to let out the pus through a small incision, and to replace it by a microbe killing agent.—*British Medical Journal.*

SELECTIONS.

Problems in Surgery.

By OSCAR H. ALLIS, M. D.

Problem I. *A man in fine health, thirty years old, falls before a moving railroad train and has his arm crushed and severed from the body just below the shoulder. Seen an hour after the accident, he has a fairly good pulse, is perfectly conscious, has "reacted" well, has a good moral and physical history. Shall the surgeon proceed to amputate?* The simple problem of shock is to be met. This is a most important question. It has been studied critically for a century. I cannot enter upon a discussion of it now. I can only state my own impressions, experience and practice, and leave the subject undefended. My answer is, *No.* I care not how soon after a railroad accident a patient is seen, there are elements common to all cases that cannot be estimated by any instrument of precision. Who can estimate the agony of the man as he falls, as it were, into the jaws of death? Who can estimate the shock, even if he escape bodily harm? Who can estimate the pain produced in the severance of the limb at a point so near the trunk? Add to this the unavoidable loss of blood—and I need no more to convince me that the man with his "fair pulse" and "good reaction" is in too profound a state of shock to add to it. It were better by far to carefully wash the lacerated stump with bichloride solution, to dress it with as much care as if amputated, to leave the man for at least twelve hours, and secure for him the best of all restoratives, sleep—and even then do not amputate simply because he has had *time* to react. As there is no means of estimating shock, so there are no criteria by which we can estimate its subsidence. One of the blessings of modern surgical methods is that a lacerated stump can be kept uncontaminated for days, and the amputation suffer nothing by the delay.

Men for ages have taught, and are still teaching, that if you find a man immediately after an accident, even though he be in a state of profound shock, the amputation adds nothing to the magnitude of the shock nor danger to the patient. To this I have simply to say that if you could drag the poor fellow from under the wheels of the car, and place him immediately upon the amputation table, with everything in readiness, such an act would be wanting in good common sense. In such a case I would by all means dress the wound with scrupulous care and defer amputation for at least a day. Upon this point few will agree with me. Let those who hold a contrary opinion stop and reflect upon the number who have died upon the operating

table, or within six hours after amputation, and, if their experience is like my own, they will recall cases in which their judgment was at fault, and that the increment of shock from the amputation was sufficient to turn the scale adversely. There were formerly arguments against delay that do not exist now. The advances in surgical methods make possible, and often of vital importance, the delays of which I speak.

Problem II. *There is an injury to the foot of such a nature that a portion of the tarsus can be saved. Shall we select a Chopart, or a Pirogoff?*—The question is as to the point of amputation. It is an axiom in surgery that when a limb is injured one should save all he can. Were I to lay down a rule I would base it on the function of the limb. The function of the upper extremities is *prehension*, hence save all you can. A finger or half a finger may be of priceless value. The function of the lower extremities is *locomotion*, hence the operation should be adopted that will yield the best results. Upon this head we can learn much from the makers of artificial legs. One that I consulted, alluding to Chopart's and Pirogoff's operations, said: "Amputations about the ankle always make poor walkers. Every leg maker will tell you so." Another, referring to the same class of amputations, said that in such cases he was able to fit limbs, but that the best walkers were those that had a few inches below the knee. The testimony of the patients themselves is of great value. Men who can hunt, mount the saddle, run up and down stairs, hardly miss the amputated part; but this cannot be said of those in case of whom the Chopart or the Pirogoff operation has been performed. Such men can walk slowly and conceal their defects, but they cannot walk fast or run without a decided limp. Upon this subject I fully indorse the sentiments of Dr. Mordecai Price, expressed in a valuable contribution to surgery. The same criticism applies to amputation through the knee-joint. The rule, "Save all you can," has in this connection, as in others, been of great detriment. Leg makers (and leg wearers confirm their statement) say, Never amputate through the joint unless you saw off the condyles; but it is far better to amputate just above the condyles. Don't amputate through the joint; *go above or below it*.

Problem III. *Shall we use ligatures in our amputations?*—Ambroise Pare introduced the ligature and surgeons have ever since been trying to do without it. Acupressure had its brief hour of notoriety; torsion has shown itself to be safe, even upon the axillary and femoral arteries. But the ligature triumphs—not that of its immortal author, large, clumsy, and septic, with one end sticking out of the wound, but the ligature of the finest, choicest, strongest sterilized silk, or animal fiber, cut short and allowed to remain. For the smaller vessels the hemostatic forceps suffices. He who introduced these should have a monument beside that of Ambroise Pare. Other questions, such as those pertaining to fractures, to drainage, suturing, dressing and re-dressing, all present themselves, but I cannot delay to present them.

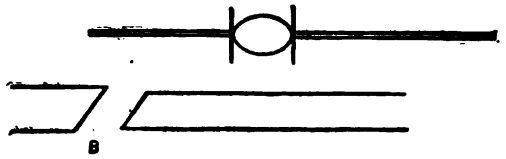
Problem IV. *A woman seventy-five years old has fallen and fractured the neck of the femur; what shall be the treatment?* The conditions of the problem are clear and distinct, yet what different results are obtained! One will apply weights, demand absolute rest, reap a harvest of bedsores—and an early death. Another, following the directions of Sir Astley Cooper, will disregard the fracture, treat the woman, get her out of bed in a week, if she will bear it, with a good useful limb to reward him for his pains.

The prevailing deformity in fractures at the upper third of the femur, exclusive of the neck, presents a striking uniformity; in many cases the patient remains a cripple for life. Two problems present themselves: Why is the man with a strongly united bone, lame, and why do we remain satisfied with a mode of treatment that cannot fail to produce deformity.

Up to this point I have selected everyday accidents to illustrate the problems that present themselves. The answers are best known to the medical profession. I wish now to direct attention to a line of work that should engage our serious attention and to problems that, as a profession, we have disregarded, or upon the solution of which we have looked as impossible.

Problem V. *A child falls and injures its elbow; a fracture is discovered. The bone unites, but the forearm wastes; the fingers are contracted; there is every evidence of a nerve lesion associated with the injury. Six months wear away; massage and electricity are employed without avail; what shall be done?* I have seen four such cases. Erichsen also reports some of the same kind. I have in three instances advised a mode of treatment that seems to me rational, but I have never been permitted to carry it out. I would cut down upon the nerve and excise the cicatrix (A, Fig. 1), and measure the length of the nerve removed. If

Fig 1.

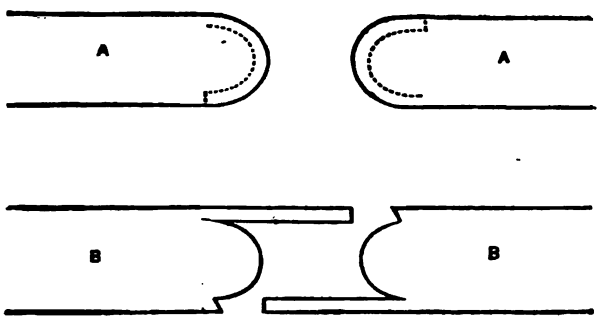


the gap were considerable, say an inch, I would

remove the same length of bone from the humerus (B) at a point some distance above, reunite the humerus, suture the nerve, and close the wound.

Problem VI. *Both bones of the leg are broken; the fibula unites; the tibia fails to unite; how shall we proceed?* It is not a difficult matter to bring about a union of the tibia by removing a section of the fibula; but the real difficulty lies in lengthening the tibia. Phelps has made an honest effort at lengthening the bones under conditions somewhat similar to those

FIG. 2.



stated. The bone-dowel has been tried for the same purpose, and decalcified bone-chips have been implanted in the hope of inducing recalcification. To lengthen bone, to restore a lost joint, suggests problems that it seems hard to think are beyond the skill of man.

My suggestion is as follows: Let A, A, Fig. 2, represent the ends of the ununited tibia. If the periosteum, with sufficient superimposed connective tissue, be dissected from A A, as represented in B B, and the intervening space, c, be filled with bone-chips, it is possible that the tibia could in this way be reproduced.

Problem VII. *The surgeon, in operating for the radical cure of hernia, incautiously cuts the vas deferens. Shall he suture the divided ends?* Here is a subject that may well engage attention. The lumen of the spermatic canal is very small. Unless perfect approximation were secured, there must supervene a mechanical obstacle to its ever again acting as a duct.

FIG. 3.

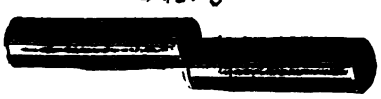


Fig. 3 illustrates how any defect in approximation would be fatal to its function. The subject presents a problem worthy of careful study.

The most important tubular structures in the body are the arteries. It is sad to think that the division of the femoral artery, by a stab from a penknife, may prove fatal to life or limb. How helpless a surgeon feels that he must at times amputate a limb to save life, when the only injury is that before mentioned. Must we always stop where we are? Must the retraction and contraction of arteries, the tendency to clotting, the secondary hemorrhage and tendency to aneurism, ever remain bars to progress in this direction?

In the ordinary phlegmonous abscess we note its maturing in a fortnight, its spontaneous rupture and rapid healing. There is a single point in this that I desire to notice, viz., its rapid, spontaneous cure. This is due to its collapsing. The abscess forms in soft tissues, that render collapse certain. Abscesses in bone cannot heal by a collapse of their walls; they always pursue a tedious course.

In connection with the principle of the collapse of an abscess let me consider an injury of the skull resulting in the formation of an abscess.

Problem VIII. *A blow is struck or a wound inflicted upon the skull; a cerebral abscess forms; pus is found in the wound or upon trephining. What is the proper treatment?* Can such an abscess heal by collapse of its walls? Certainly not. Such cases are far too often fatal. Pus tends to find a dependent outlet when it cannot readily flow off. What shall be done? I would suggest the removal of a sufficient amount of the skull to permit the dura to fall in with approximation of the abscess walls.

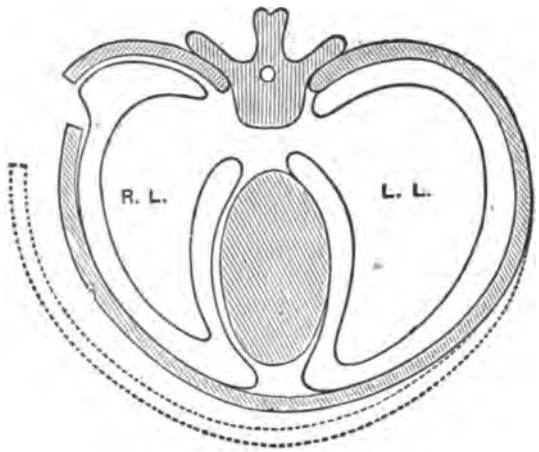
In hydrocephalus we have an analogous condition. To aspirate ventricular fluid contained in a closed, bony cavity, is likely to do more harm than good. In hydrocephalus both ventricles are usually filled; there is symmetrical dilatation. There should be a provision for symmetrical contraction; hence the plan of the removal of a portion of the vault of the skull, extending through both parietals. It is possible to remove the bone from the sinus, and not wound the latter. Then gentle, symmetrical compression, together with constitutional remedies, would hold out a prospect of return of normal conditions.

There is still another field, a most important one, in which the lesson from the collapse of an abscess suggests a remedy. I allude to pulmonary tuberculosis. Why this disease is not self-limiting in pulmonary tissue, as it is in the head of the femur, is not to be explained by the nature of the disease itself. The tuberculous joint can throw off the disease. In pulmonary tuberculosis the system makes a most desperate effort to accomplish the same end, but fails. Nature gives us a hint as to the way in which we should proceed. Who that has made an autopsy in a case of advanced phthisis has found the pleura? What has become of it? Nature has glued its two surfaces together. The lung is fastened to the chest-wall. Nature puts forth all her energy to cause collapse of the chest-

cage. She succeeds but in part. The sunken chest is an illustration of Nature's mode of causing shrinkage of the abscesses in order that she may affect a cure. Why not follow this hint and seek to give relief by the retraction that would follow a resection of the ribs?

I would make the following suggestions:

(1) At what point make the resection? As near the angle of the rib as possible, *i. e.*, in the lateral or postero-lateral aspect of the chest. A glance at Fig. 6 represents the short portion



Explanation of Fig. 4, diagrammatic: Dotted outer lines represent the contour of chest before the removal of part of a rib. The deeper, dark lines show how much the chest has has sunken in. The greater shrinkage is to be found on the side from which the section of rib has been taken, as will be seen by comparing the two lungs.

of the rib unaffected by the section. This, I think, will unquestionably be the result. The long part of the rib is now attached only to the vertebral column through the sternum, and the corresponding rib of the opposite side. It becomes a long lever, and can be most readily acted upon by atmospheric pressure.

(2) How much of each rib should be resected? At least two inches, possibly three. I say at least two, for no possibility should be afforded for the bone to be reproduced. To this end the periosteum should be removed with the bone. A cicatricial fibrous band will form that will answer every purpose.

(3) How many ribs should be resected? At the very least four, and these should be the longest. A resection of the fifth, sixth, seventh and eighth ribs would remove much of the resistance of the thoracic cage, and permit a very considerable degree of retraction.

As to the mode of performing the operation I have nothing to suggest. The ease with which in pyothorax the resection is done is striking, and the great value of resections in this disease are now matters of surgical history. So, too, in regard to the best time to make the resection. I would suggest the early stage. Certainly less could be hoped from so severe a measure in advanced cases, with both lungs involved than when the disease was confined to a single lung. — *Columbus Medical Journal.*

A Study of Delphinium Staphisagria.

[This paper was read by Dr. Edward Blake before the British Homœopathic Society, and published in the *Monthly Homœopathic Review*. We reproduce it for the readers of the Era, together with the discussion that followed.—Ed.]

A careful study of the genius *staphisagria*, and of its alkaloid *delphinine*, reveals the interesting fact that these drugs are especially called for in the diseases peculiar in the extremes of life. The fierce metabolism of infancy, and the perverted tissue-changes of a second childhood, call alike for such remedies as *staphisagria*, *baryta* and their congeners. In their action in the domain of the special senses on the region of the nape, on the alimentary tract, the glandular system, the urinary apparatus, and the lower extremities, they present many points of resemblance.

Dr. James Dore Blake of Taunton, a most able practical physician, one of the pioneers of homœopathy, who sustained a bitter persecution for his creed in the earlier part of this century, well known as the first prover and introducer of *calendula*, relied on *staphisagria* as his stock remedy for senile sciatica. He was of course led to select this particular drug from observing that not only does *staphisagria* cover the constipation so often lying at the root of this form of neuralgia in the aged, but at the same time it aids so many of the side issues, *par example*, the vesical troubles and the nuchal sorrows so frequently associated with it.

It was the outcome of my study of these sides of *staphisagria* that induced me to give it a trial in that common but distressing result of motherhood, a pouched and protruding bladder. We British doctors owe a great debt to the penetration of our transatlantic brethren for first forcing the gravity of neglected cystocele on our notice. To them, too, will go up the incense of gratitude from myriads of mothers as yet unborn, who will reap the benefits of American gynecic teaching. For though the wisest accoucheur may, in spite of a thorough maceration and wearying out by means of preliminary dilatation, meet in his practice with an acutely ruptured perineum, only the foolish man will leave it torn. He alone will ruthlessly condemn the poor, fond, trusting creature reposing on his want of wisdom to the present sorrows of reflex hæmorrhage, scalding dysuria, delayed convalescence, possible septicemia, arrested sub-involution and the future worry of cystocele, with uterine procidentia and rectal protrusion.

All gynecologists are perfectly familiar with the sad group of symptoms, having as its more pronounced features inability to retain the water and to discharge the fæces; a detestable forcing feeling; a loin languor; wearisome aching in the sacral region and from the vertebra prominens upwards; the peevish and fretful or despondent mood.

In cases of prolapsed bladder, where the unfortunate subject either could not or would not submit to the radical operation for the repair of the perineum, I have been for many years in the habit of employing *staphisagria* locally to the vesical tumor, and at the same time I like to administer a high dilution of this remedy internally. This latter I prefer doing when the stomach is void.. Topically, the drug is best applied in the form of a saturated glycerole. Carefully carded animal wool is a better vehicle for application than cotton; it retains its elasticity when wetted.

The adjacent viscera being emptied and all tight waist-bands removed, the patient assumes the salaam or knee-elbow posture. Half a dozen tampons in the form of a kite-tail are introduced into the vagina, and packed well up around the cervix during forced expiration. Unless the patient be very silly or very corpulent she soon learns to do this for herself. The vagina should be quite filled with this wool, which is worn during the whole day. In bad cases it is needful to support the perineum in addition by means of a broad thick T-bandage, the horizontal portion of which should be at least three inches wide and should be adjusted to the trunk just below the hip. Similarly the menstrual belt, for obvious anatomic reasons, should never encircle the body above the iliac line, or it becomes a potent factor, combined with a tight corset and heavy skirts, in adding prolapsus of the pelvic contents at the time when the viscera are heaviest.

I can speek feelingly of the sad success of this treatment as more than a temporary alleviant, because, on more than one occasion women who had decided to let me do perineorrhaphy for them have so sensibly improved under it that, to my chagrin, the operation has been postponed *sine die!*

We will, before taking leave of this valuable drug, glance a little at the rest of its many actions. Most of them are symptoms quite at home in the gynecic note-book. The sad, grey outlook of life; the enfeebled memory; the bursting headache, itching scalp and facial papules; the dilatation of the pupils preceded by temporary contraction; the inflamed lids; irritated canthi point, like the similar symptoms in spigelia, to rheumatic sclero-conjunctivitis. Symptoms 120-30 suggest choroiditis; whilst the scintillating scotama pertains more to certain deep-seated changes in the intra-cranial circulation.

Tinnitus is recorded by two provers.

Pustulation has been noted in the upper lips and inside the nose. Also the lips are ulcerated on their borders.

The submaxillary symptoms are strangely suggestive of a drug—not much allied to *staphisagria*—namely, *mercury*. The same observations hold good of the dental gingival symptoms. The typical toothache of *delphinium* is "tearing." The pathologic condition corresponds with periodontitis atrophica, so-called "receding gums."

Hermann's symptom, "when chewing he feels as if the teeth were pressed deeper into the gums" reminds one of the "sense of elongation of the teeth" in *phosphorus*.

The tongue is white, the palate sore, due apparently to herpes; compare *acetic acid*.

Three provers had ptyalism (*conf. mercury*) heart-burn, eructation, hiccough, four times nausea; and actual vomiting occurred twice. *Adipsia* distinguishes *staphisagria* and *rheum* from the "thirst" of *rhus* and the "great thirst" of *spigelia*.

The flatulent colic of *staphisagria* is intensified by urinating, distinguished from that of *rheum*, aggravated by movement.

Staphisagria has constipation followed by diarrhœa; *rheum*, diarrhœa followed by costiveness.

Anal itching is noted in two provers.

The urinary symptoms are numerous and strongly marked; they point as distinctly to prostatic troubles in males as to cystocele in women. The *staphisagria* tamponade might be used per rectum in the case of males for intractable prostatic hypertrophy.

The itching of the genitals, in both genders, recalls the symptoms induced by *galipœa cusparia*, usually known as *angostura vera*.

Old people, we know, are very prone to acute and distressing but quite temporary strangury. Very young practitioners administer dysuric remedies with no result. Older doctors hasten to give a remedy for flatus incarcerated in the sigmoid flexure or in the rectum; they also direct that the nurse apply succussion to the descending colon. I am indebted to my friend, Dr. Richard Hughes, for the valuable hint to administer *pulsatilla* under these circumstances. It has not failed me yet; should it do so, I shall certainly fall back on *staphisagria*.

There are nine coryza symptoms, carrying us back again in mind to *mercury*.

The twelve cough symptoms, always aggravated in the case of Dr. Franz by eating [compare *nux vomica*], point to pharyngitis rather

than to laryngitis. Possibly some are, like the "oppression" and "stitches" in the chest, spinal in origin.

The nape and sacrum symptoms we have already noticed; they are very typical of *staphisagria*.

The upper extremity symptoms ought to yield good results in treating the osteo-arthritis so common in real senility and in the imitation old age of pelvic patients.

Restless nights, disturbed by dreams of remarkable vividness, are naturally followed by drowsy days. As in *stramonium*, the prover either dreams of murder or encounters some ferocious beast.

The cerebral congestion we may therefore conclude is more arterial than venous.

The rigors are usually adipsic, one prover alone having "great thirst."

The cardiac symptoms, like the perverted sensations in the tongue, resemble the action of *aconite*.

Case.—Staphisagria in Left Deltoid Myalgia.

Mrs. ————, aged 50, came on July 2d, 1888, for recurrent headache since early childhood, *i. e.*, for more than forty years.

The pain is frontal; it corresponds with the distribution of the two supraorbital branches of the fifth pair.

Twelve years ago, whilst nursing, she had a mental shock, which greatly augmented the severity of the headaches. This shock was followed by temporary loss of the senses of smell and of taste, and by impairment of that of hearing.

The double supraorbital pain had usually recurred at intervals of seven days.

The change of life occurred five months ago.

She also suffers from attacks of acute spinal anæmia, apparently depending on the condition of her heart, and associated with the following symptoms: First there comes acute temporal pain; this is accompanied by a distressing sense of choking followed by passive pharyngitis. Later in the day there are rigors and a feeling of sickness; then diarrhœa begins, and afterward she becomes intensely drowsy. Usually there is complete arrest of urine. Sometimes she has palpitation, with panting breath. She has been prone to these attacks from her girlhood.

For the cold stage *veratrum album* in the third decima dilution was recommended, and it gave marked relief. The extreme drowsiness was successfully combated with *pupaver somniferum*, thirty centesimal.

Inhalations of *moschus*, matrix tincture appeared to relieve the dyspnœa, and also the palpitation, for which I afterward gave *asafœtida* in the twelfth centesimal with some advantage.

But to *lachesis* is due the credit of curing this remarkable case. In dilutions, varying from 6 to 30, it swept away the headache, aggravated by movement and by noise, but even more by *light*. Whilst taking the *trigonocephalus* she also lost the giddiness, the noises in the head, the flushing, dry mouth and throat, loss of appetite, epigastric sinking and abdominal flatus, dyspnœa, tickling cough, and the palpitation, occurring both on exertion and after excitement.

Under the influence of *lachesis* this patient enjoyed five months of immunity from headaches which had, before taking the remedy, recurred once a week for forty years. The other attacks, viz., those of acute cerebro-spinal anæmia, had lasted during five and-twenty years, recurring at intervals of about two months. Latterly they had become much more frequent, leaving only three weeks of freedom from the distressing disturbance.

These also ceased to afflict her, and she had singularly good health with one exception, which we shall presently notice, during the remainder of the year.

The only adjuvants employed were gentle continuous current to vagus; upward electro-massage to lower extremities, and to the respiratory muscles. Of course the patient, who respired very imperfectly, was taught to breathe. Allowances have been made for the beneficial effects of these auxiliary measures, the rest of the credit remains with the venom of the Indian snake.

This patient on the 25th of October, 1890, again made her appearance at my rooms, looking much improved in appearance. She had lost her look of distress, and had put on flesh.

She now complained of a severe aching pain from the left elbow to the left shoulder. The pain quite prevented the use of the left arm at its upper part; it grew worse in bed.

The biceps, the brachialis anticus and the deltoid were the chief muscles involved, all supplied, as you know, by the musculo-cutaneous nerve, the external branch of the outer cord of the brachial plexus. There was no impairment of reaction to the various muscular stimuli.

The biceps and the brachialis anticus made a slow recovery under *baptisia* 1x, *apis* 6, *rhus* 12 and *sulphur* 30, selected from subjective indications.

The patient lived at a considerable distance. Owing to this fact and the extreme inclemency of the weather, I saw very little of her, but she sent an occasional report. Thus I heard that whilst the other muscles had recovered their normal state, the deltoid hung fire and inflicted a good deal of pain and loss of rest till the end of March.

I was then preparing this drug as a contribution to the American Congress, when I was struck with the similarity between the whole group of this worthy woman's symptoms and the complete pathogenesy of *staphisagria*.

So I wrote a prescription for *staphisagria* twelfth centesimal, to be taken before each meal. The same remedy was given in the first decimal dilution at bedtime.

The deltoid was well rubbed with *oil* of *stavesacre* twice a day.

The last part of the prescription had to be suspended on account of the free appearance, after its use, of a red, itching eruption resembling *lichen urticatus*.

The *staphisagria* was prescribed on 24th of March of this year, the deltoid pain having persisted for nearly six months.

It disappeared, whilst taking *staphisagria*, in seven days, and up to the present time it shows no sign of returning.

Discussion.

Dr. Burford praised the practical nature of Dr. Blake's paper. Referring to Dr. Blake's mention of *pulsatilla*, he recalled Hahnemann's note that many of the symptoms of *pulsatilla* are traceable to flatulence, and disappear when the flatulence is got rid of. Many symptoms which are useful indications for a drug are not found in the provings. The characteristic tongue of *pulsatilla* is a white one, but this does not appear in all. *Apis* is said to be of great value in nephritis; there were no nephritic symptoms in the provings. Clinical totalities and careful records of cases were quite as essential as the provings.

Dr. Cooper said when he first came to the Homœopathic Hospital *staphisagria* was much more extensively used than it is now. He would look upon it as a remedy of great value in ear diseases. It acts on teeth and alveolar periosteum, but he had never "come in upon" the action of the remedy. Until one has been familiarized with a drug one does not get out of it so much as would be expected. Dr. Wilson had cured many cases of eye disease when a symptom "heat in the eyeball so great that it dims the spectacles" was present. He thought the history of the drug might be better known —its botanic and popular medical history. *Staphisagria*, with old herbalists, is spoken of as "louse-wort." He placed very little reliance on local applications. It was impossible to differentiate between the action of several drugs—*hydrastis*, *staphisagria*, and others—when locally applied.

Dr. Clarke had had experience in many of the uses of the drug mentioned by Dr. Blake. In a case of prolapsed bladder where there was sensitiveness of the pudenda as shown by aggravation on sitting down, *staphisagria* had given great relief. He had frequent occasion to use it in toothache. He had put on record a case of enlarged tonsils in which the symptoms, stitching from throat into ear on swallowing, had led to its use, which resulted in speedy cure. Tumors of the eyelid had inflamed and disappeared under its use, and excrescence on the gums.

Dr. Hughes was very glad that there should be a "*Materia Medica* night" occasionally; and to have a drug brought before us so well proved and so little used as *staphisagria*. Its possession of such alkaloids as *delphinine* and *staphisagrine* shows its energy; and Dr. Hughes thought that the powers of these substances gave us the clue to the action of the present drug. *Delphinine* acts like *aconitine*, inducing a numbness and tingling in the extremities, which, as with its analogue, would probably go on, if pushed, to neuralgia. Hence, the value of *staphisagria* in neuralgia of arms and legs. On the other hand, *staphisagrine* is an irritant, and the mother-plant is of undoubted value in such a condition when occurring in the genito-urinary organs, especially when old gonorrhœas have crept through the seminal ducts and into the prostate. His (Dr. Hughes') own experience with it had been mainly in those quarters; but also as a preventive of recurrent styes.

Mr. Knox Shaw had been anxious to find something to relieve tumors of the lids without operation, and had given *staphisagrie* 1x to 3 among other drugs, but he got no results. The natural cure is by inflammation, and he thought the case referred to by Dr. Clarke was cured by nature and not by *staphisagria*.

Dr. Clarke said the tumors existed a long time, and had no tendency to inflame before *staphisagrine* was given. Moreover, *staphisagrine* corresponded to the patient, and was, in fact, the simillimum.

Dr. Dudgeon had had very little experience of the drug. He had used it in toothache from recession of the gum. The relief to the pain was almost instantaneous. The old school had not made much use of the drug—principally as a destroyer of lice. The use of the oil as a stimulating application to indolent ulcers had been given up as too violent. Referring to the symptom, "heat in the eyeball dimming the spectacles," he said the dimming was produced by sweat from the skin of the face, and not by heat in the eyeball.

In reply, Dr. Edward Blake agreed with Dr. Burford that the so-called tongue indications are often illusory. The same drug in the same dose causes a variety of coatings on the tongue in different persons. A given drug appears to

bring out the special tendency of the patient to a certain form of gastric disturbance.

With regard to the adenitis of the eyelid, Dr. Blake treated such cases according to their cause. If irritating material from the eyeball, as in the case of strumous conjunctivitis by entering the meibomian follicles, set up resulting disturbance there, then, of course, the conjunctival disorder must be treated.

If an infectious disease of scalp induced itching, and the hand was then applied to the lid, the scalp should be attended to. Naturalists say that a very minute beetle, obtained from dogs, will enter the lid follicles and set up serious irritation there.

Mercury administered internally, and at the same time applied locally, had cured the greatest number of chronic cases, and *pulsatilla* the greatest number of acute cases in Dr. Blake's hands.

Two speakers had doubted the specific effect of a drug applied locally to the vagina. Why should they do so? The vaginal tube is a very absorbent canal in health, witness the prompt effect of arsenic introduced with criminal intent. But the real reply to this difficulty is, that *staphisagrie* relieves whether it be given in high attennations or in low, whether it be applied topically or administered internally.

Debility of Acids Differentiated.

All acids produce debility, languor, weakness. This is in consequence of the impaired nutrition they cause.

Acetic acid is indicated in the most profound forms of debility in the course of diseases that tend deathward. Not only the profuse perspiration, the hemorrhage, the diarrhœa, the hectic fever, but also the cold extremities, dropsical effusion, great emaciation and marasmus, indicate the serious type of disease for which it is indicated. The general anemia with waxy skin, anasarca, emaciation and sweats, call for it.

Sulphur acid debility shows itself more as a *tremor*. There is a sense of tremor all over, not necessarily accompanied by objective trembling. This trembling sense is very characteristic. Frequently in women at change of life, and with it also the hot flushes, relaxed cold feeling at stomach, causing a craving for stimulants. This trembling weakness is also associated in sulph. ac. with a quick, hasty movement; everything must be done in a hurry.

Oxalic acid produces great muscular prostration, weight and powerlessness of limbs. This weakness here is especially seen in the backache the drug calls for; back feels too weak to support the body; great lassitude and weakness of limbs; acute pain in back, extending down thighs, seeks relief by change of posture; numb feeling, blueness, coldness, stiffness and immobility of limbs accompany the backache; pains worse when thinking of them; pains in spots; aphonia and alteration of voice.

Benzoic acid. The debility is less general and more local in its manifestations as seen in its action upon the urinary organs. The weakness is shown in the irritable condition of the bladder that is produced, going on to eneuresis. Irritable bladder with muco-purulent discharges, enlarged prostate, often found in old persons, who complain of dribbling of strong-scented urine. The guiding symptom to its use, is always, no matter what the disease, the character of the urine; it is high-colored and *very offensive;* the odor is exceedingly strong, pungent and offensive, and is present when the urine is voided; it is not the ammoniacal odor of decomposing urine. Gouty patients especially, are apt to be benzoic acid candidates; much pain in the joints, with gouty concretions or nodes.

Carbolic acid debility is associated with headaches, spinal pain and tenderness. The headache is congestive, like a band around the head, or neuralgic over right eye and often accompanied by *great acuteness of the smell.* Symptoms of acute dyspepsia, much flatulence, acidity, burning in stomach, showing its weakening effect upon the digestive tract. In flatulence of old age, depending on imperfect digestion, it is indicated.

Lactic acid shows its debility in the stomach. Morning sickness in pale anemic women who lose large quantities of blood during menses, which usually last long, acid and profuse perspiration all over.

Muriatic acid. The greatest *general* prostration is met with *Muriatic acid.* It is of such a character as is found in low fevers, where the debility is so great that the patient slips *down toward the foot of the bed* and must be lifted up every little while. Again another accompanying symptom of the great prostration is inabil. ity to void urine unless the bowels are moved. He needs the retus stimulus in order to get the bladder to act.

The debility of *Phosphoric acid* is like that of china and calc. phos. resulting from loss of fluids and after sexual excesses. It corresponds more to the chronic effects, while china meets the acute symptoms. Sometimes after mental emotions, grief, sorrow, homesickness or disappointments, a profound debility sets in with emaciation, night sweats, drowsiness, etc., congestive headaches, etc. This calls for phosphoric acid. Children who grow very rapidly, feel very tired as if beaten in back and limbs, need phosphoric acid. The debility of phosphoric acid is more of a nervous character. Indeed, the very sources of ordinary loss of strength, diar-

rhœa, perspiration, polymia, etc., do not seem to weaken the patient as much as you have reason to expect. For instance, in diarrhœa though the discharges are frequent, profuse, etc., and have continued a long while, still they do not debilitate so much. *Phosphoric acid* does not cause serious blood changes, therefore it does not give us the putrescent symptoms that call for Mur. acid, Bapt. Ars., etc., in typhoid, and in the action of phosphoric acid upon the nervous system, we fail to find a profound, disorganizing influence. It is indicated in the *functional debility* from various causes. Here it helps to restore normal functional activity.

Picric acid. Back aches, is numb, loins weak, numb limbs, legs blue and cold. It causes almost complete immobility of lower extremities. Remember its paroxysms of dyspnoea (as in spinal meningitis).

Nervous exhaustion in its sphere. A remedy that causes much deeper effects upon the nervous system, whose symptoms indicate very serious lesions there, is *Picric acid.* Everything points to a profound depression and anæmia, going on to softening. The remedy produces a weariness, from a slight fatigue on motion to paralysis, a mental inactivity with indifference, want of will-power to do anything, and a desire to lie down and rest. It corresponds to symptoms of neuraesthenia—brain fag. It has severe headaches, beginning in occipital region and then extending forward and downward worse, slightest use of brain better, pressure. *The slightest exertion brings on speedy exhaustion.* This is the grand characteristic of *Picric acid.*

Phosphor. resembles picric acid in causing fatty degenerations and in softening of brain and spine. Similar also in the sexual symptoms, but in phosphor. the *lasciviousness* is more marked. Similar also in brain fag, from study, etc., but *phosphor.* has more *irritable weakness* as is shown by over-sensitiveness to external impressions. Hence the senses are very acute, sensitive to noises (music), odors, electric changes, excitability.

Picric acid and these similarly acting remedies are frequently indicated in overworked patients, especially if mentally overtaxed. Men whom close study or perplexing business matters have broken down. *Picric acid* extinguishes that quality we call "*grit*," physiologically grit being volition compelling function, matter obeying mind. Akin to *picric acid* in brain fag is *silicea*, but the silicea patient *has* grit; though he feels "played out," he can become interested, and then he works and works so thoroughly that by and by he gets exhausted from overwork. In short, the silicea patient, though he dreads exertion, mental or physical, will warm up to it when once started.

Picric ac. has marked excitement of the sexual organs, shown by priapism and profuse emissions. Erections very violent, a common symptom in spinal diseases, and it is in chronic cerebro-spinal disease that Pic. ac. will come into play. It has cured locomotor ataxia. The sleep of such patients is disturbed by the most violent erections. *Legs heavy*, weak, numb, trembling — *prostration from least exertion.* General sense of lassitude. Difficult to move limbs.

Both Acetic and Sulph. ac. have profuse perspiration with great debility, both have cough with hemorrhage from lungs, both have diarrhœa with great weakness, and both are useful in hectic fever. Acetic acid has in addition the swelling of the lower extremities, the cold extremities, greater emaciation and marasmus. It is indicated in a more advanced stage.

Sometimes after injuries, bruises to soft parts, when arnica proves insufficient, soreness and stiffness remains, *Sulphuric acid* will follow well. Skin shows blue spots—ecchymoses. Livid spots, scars turned red and blue and hurt.

It is complementary to *Pulsat.* Cases but partially relieved by Puls. may require *Sulphuric acid.*—*Cal. Hom.*

Tuberculous Disease of the Knee Joint.

The patient is a type of that class of young children that is so frequently found in all large cities, living with poor hygienic surroundings, bad nutrition, and in ill-ventilated sleeping apartments. She is six years of age, and has, as you can readily see at a glance, an affection of the right knee joint of the variety known as tubercular inflammation of the joint. Such a condition as this, whether it be in the lungs, meninges or joints of the body, is produced by the growth and development of a specific bacillus. To Prof. Koch, of Berlin, we owe the knowledge we possess in regard to this subject.

I desire, to-day to direct your attention to two valuable aids, of a preventive and curative nature, in this affection that have not received that amount of attention to which they have been entitled by surgeons. The beneficial effects of prolonged applications of cold to such joints as this, have not been generally appreciated by us, for it has been demonstrated by Prof. Koch, that a lowering of temperature of the culture soil of bacilli, even a few degrees centigrade below the normal, arrests the development of these organisms; and, in this way time is afforded the patient by proper diet and medication to strengthen his general power of resistance, until the healthy tissues have had an opportunity to throw around the disease

focus an encapsulating wall of dense connective tissue.

There is another form of treatment that also deserves our careful study in the management of these joint affections, and this consists in evacuating, by surgical interference, these tubercular cheesy foci that are situated in the epiphyses of the bones that enter into the formation of the joint. We all know that cases of tubercular joint affections in children are produced by the extension of the disease process to the joint. Many of these disease foci are superficially situated, can be easily diagnosticated and readily emptied of their contents. This measure, if properly managed and performed under due antiseptic precautions, is a perfectly safe proceeding, and easily borne by the patient. In a large proportion of cases no abscess will form, but should one develop, it should not be incised, as is sometimes done, but rather tapped, evacuated, and injected with a solution of iodoform and ether in the proportion of one to twenty. In tapping such abscesses the utmost care should be paid to the laws governing antisepsis, as disregard of these laws may lead to acute septic suppuration of the cavity. The trocar and canula employed by you for the purpose of tapping should be thoroughly disinfected by prolonged boiling in water, or better, by passing the instrument through an alcohol flame. Should these measures prove ineffectual, either on account of the virulence of the affection or the negligence of the parents, operative treatment should then be undertaken.

In the case of young children of which the patient before us to-day is a type, exsection of only the diseased portion should be done. Partial exsection of the joints, under aseptic precautions, yields very excellent results. Acute suppurative infection will, by this means, be prevented with certainty, and a rapid and successful cure will be brought about.

In performing exsection of a joint for the cure of a tubercular affection, there are certain conditions to be observed which are of prime importance to the patient. The employment of undue force by excessive pressure from retractors, and all vigorous manipulations, are to be avoided. The knife should be employed in dividing all tissues, and whenever the scoop is used for removing granulations, carious bone or cheesy matter, all detritus should at once be washed away by a continuous jet of antiseptic fluid.

The next point of importance I would call your attention to in this connection is the question of hemorrhage. The expulsion of blood from the affected member by the application of an elastic roller bandage previous to the adjustment of the constricting band, is not only unnecessary, but even injurious. If the limb is depleted of blood by vertical elevation preceding the application of the constricting band, no infective matter will be driven into the general circulation by the forcible pressure of the elastic band, and the effusion of a small amount of blood will serve to locate the place where a small vessel has been wounded.

After the operation has been completed, the constriction is removed, the limb being held vertically. In the after treatment of exsections of the knee joint where firm, bony anchylosis is desired, the dressings should remain undisturbed for at least three or four weeks. Then the nails or wire sutures should be withdrawn, and a light silicate of soda splint applied. The patient should be directed to walk on crutches, as the process of ossification at the site of the bony union is hastened by this gentle irritation.

In conclusion, I wish to add that formerly surgeons were wont to consider exsection wounds healed, even though one or more sinuses remained, but modern surgery refuses to consider a wound healed as long as it continues to discharge matter. In exsections in children relapses are of frequent occurrence. Small particles of diseased tissue are frequently left behind by the surgeon, and as a result the whole wound surface becomes again infected by tuberculosis. An energetic application of the scoop during complete anæsthesia will soon terminate the process. The wounds will contract more rapidly, and the final healing will be hastened materially by one or more of such harmless supplementary operations.—*Gerster, in Int. Jour. of Surgery.*

Errors to be Avoided in Cæsarian Section.

Do not use antiseptic solutions for instruments or hands after the operation has begun; above all do not use them in the abdominal cavity. Use pure water throughout, preferably distilled, which has been boiled a half-hour.

Do not turn the uterus out of the abdomen before delivering the child, unless its contents are doubtfully septic; it does no good, adding an unnecessary step and calling for a larger abdominal incision.

Do not cut the placental tissue, thus bleeding the child, in placenta prævia Cæsariana.

Do not waste time picking off small shreds of decidua from the inner surface of the uterus.

Do not do a conservative Cæsarean operation when the uterus is already septic. If the uterus is infected, do a supra-vaginal amputation after Porro's method.

Do not use catgut of any kind as a uterine suture. It has proved dangerous and uncertain.

Never use a continuous suture in the uterus.

Do not attempt to drain the abdominal cavity; it cannot be done effectually.

Do not douche out the vagina, as a matter of routine, after the operation. It must be carefully disinfected beforehand; afterward an aseptic genital tract will need no active antiseptic regimen.

Lastly, let all the preparations be so fully and carefully made beforehand that no time shall be lost, and each successive step shall follow its predecessor with the utmost rapidity consistent with accuracy, and the whole be completed with dispatch.

I have thus endeavored to insist that a certain simple, rational *technique*, now shown by abundant experience to contain all the factors of success, shall be universally adopted.

I must insist that my countrymen, in particular, shall cease making useless experiments, unwittingly repeating over and over again the errors of their predecessors.

No man has any longer a right, unless upon the basis of a large experience, to materially modify any details of this operation, if he be unwilling to bear the imputation of unwarrantable trifling with the most sacred trusts committed to his care.—*Dr. Kelly, in Am. Jour. Obstetrics.*

Cyclamen and Pulsatilla Compared.

Cyclamen and Pulsatilla are often difficult to differentiate. They are both suited to chlorotic and anæmic women, and they both have some trouble with digestion and intolerance of fatty foods. Both have chilliness with the pains, crying, tearful mood, and menstrual colic. Both have aggravation in the evening, and relief from moving about, but Pulsatilla has prominently relief from a cool room or from being in the open air, while the cyclamen patient is worse in the open air. Cyclamen is better indicated in too frequent and too profuse menstruation, with flow of black, clotted blood, while pulsatilla corresponds better to scanty or delaying menses. Pulsatilla has thirstlessness with all complaints, while cyclamen generally, but not always, has thirst as a symptom of the trouble to which it is adapted. The Cyclamen patients suffer from a peculiar debility of mind and body. When they awake in the morning they are sleepy and tired; feel so heavy and languid that they can scarcely drag around at first, but when once at work and forced to exercise, they feel better. With pulsatilla we find much the same symptoms, but it is especially in the fresh, cool air of out-of-doors that the afflicted woman finds relief from her tired, worn-out feeling. Finally there is the transient obscuration of vision that is characteristic of both remedies. In Pulsatilla, however, the temporary blindness generally appears during menstruation or as a consequence of suppressed menses. In Cyclamen the obscuration of sight is more characterized as being accompanied by semi-lateral headache of the left temple, with pale face and nausea referred to the throat.—*Journal of Obstetrics.—Hom. News.*

AMERICAN ASSOCIATION OF ORIFICIAL SURGEONS.

The fourth annual session of this association was held at Central Music Hall, Chicago, Sept. 9 and 10, 1891.

President, G. E. Cogswell, M. D., of Mt. Carroll, Ill., in the chair.

The meeting was called to order at 4 o'clock. The reading of the Journal was, by vote, dispensed with.

The reports of the Secretary and of the Treasurer were received and adopted.

The Board of Censors reported the names of the following physicians, whom they recommended for election to membership:

Drs. R. O. Diemis, Fairmont, O., F. M. Clark, Salem, Ohio, J. N. Primm, Hannibal, Mo., W. M. Bailey, Detroit, Mich., C, W. Shill, Lafayette, Ind., G. F. Laidlaw, 137 W. 41st st., N. Y., D. L. Deyve, Louisiana, Mo., W. F. Marks, Reading, Pa., R. B. McCleary, Galesburg, Ill., Emmet L. Smith, Chicago, Chas. H. King, Traverse City, Mich., S. R. Drayer, Dayton, O., Wm. L. Jerxmann, Minneapolis, Minn., C. W. Brown, Chicago, C. A. Beverly, Chicago, H. F. Forman, Brundige, Ala., A. W. Miller, Anderson, Ind., J. O. Hoffman, Orleans, Neb.

F. A. Smith, Illinois.

J. H. Wilson, Bellefontaine, Ohio.

O. S. Runnels, Indianapolis, Ind,

R. C. Blount, Chicago.

In his able address the President set forth the principles of the orificial philosophy, and indicated the importance of their application in practice.

The papers read were the following:

"The Foreskin," by W. E. Greene, M. D.

"Cystic Troubles," by C. T. Bennett, M. D.

"Diseases, Specific and Non-Specific," by M. F. Hill, M. D.

"The Uterus" by C. M. Beebe, M. D.

"Local Anasthesia," by Wm. Webster, M. D.

"Summary of 100 Cases Orificial Surgery," by P. S. Replogle, M. D.

The election of officers resulted in the choice of:

President, Wm. Webster, M. D., of Dayton, O.; secretary, C. M. Beebe, M. D., of Chicago, treasurer, H. E. Holbrook, M. D., of Chicago.

Stop suppuration! That is the duty that is imposed upon us when we fail to prevent suppuration. As the ferret hunts the rat, so does peroxide of hydrogen follow pus to its narrowest hiding place, and the pyogenic and the other micro-organisms are as dead as the rat that the ferret catches when the peroxide is through with them.—*Dr. Robert T. Morris.*

BOOK NOTICES.

Pocket Medical Dictionary for the Use of Students of Medicine: Containing Ten Thousand Words, Including all the Essential Terms used in Medicine and the Allied Sciences. By Chas. Gatchell, M. D.; Professor in the University of Michigan. Chicago: Era Publishing Company. 1891.

Years ago a celebrated professor in one of the best known medical colleges in New York used to say to his class—"If you can own but a single book, let that be a copy of Dunglison's Medical Dictionary."

"Dunglison" is long out of date; but the old professor's advice may well be made to apply to Dr. Charles Gatchell's "Pocket Medical Dictionary," just published. A familiarity with its entire contents would make of one a pretty well educated medical man. Although a pocket edition, one may search in vain for an omission from the list of modern words in medicine and the allied sciences. It is right up to date, and in this progressive age one should have the last work. It is well printed, handsomely bound, and convenient in shape. One could hardly do without it after having once seen it. We commend it not only to medical students, but to physicians everywhere. J. S. M.

A Clinical Text-Book of Medical Diagnosis for Physicians and Students. Based on the Most Recent Methods of Examination. By Oswold Vierordt, M. D., Professor of Medicine at the University of Heidelberg. Authorized Translation by Francis H. Stuart, M. D., with 178 Illustrations. Philadelphia, W. B. Saunders, 1891.

The words of the translator of this book—"This is one of the best books written upon the subject,"—are fully justified. In a systematic manner the author goes over the entire field of medical diagnosis. Much matter is introduced not to be found in other works of the kind. We predict that Vierordt's "Diagnosis" will become a standard authority, as it well deserves to.

International Clinics. A Quarterly of Clinical Lectures. Edited by John M. Keating, M. D. Philadelphia: J. B. Lippincott Company. 1891.

The July volume of this series contains thirty-nine clinical lectures by leading teachers in this country and Europe. That they are interesting and instructive, needs not to be said. And yet there are few physicians who have the patience to read carefully material of this kind. When "reading up" a case, a systematic treatise is far more valuable than a clinical lecture.

Standard Dictionary of the English Language.

When finished the new Standard Dictionary soon to be issued by Funk & Wagnalls, we have no hesitation in saying, will be the most complete single-volume dictionary in the English language. It is being prepared by the most eminent scholars in this country and Europe, and will contain seventy thousand more words than are to be found in any other work of this kind. It will contain many new features never before introduced in a dictionary, such as a glossary of obsolete and dialectic words, and foreign words used only rarely in English, as well as a department devoted to "Faulty Pronunciation and Faulty Diction," prepared by Alfred Ayres. The lexicons that have been largely depended upon will soon have a new rival in the field that will surpass the best with which the public has been heretofore acquainted. The various departments have been placed in the hands of leading specialists. Its arrangement is a great improvement on all former methods.

Southern Homœopathic Medical College.

This new Baltimore college will soon open its doors for the first session. A valuable piece of property has been bought, a fine building is ready for occupancy, the faculty is organized, and everything in readiness for a favorable opening. We heartily welcome the first homœopathic medical college south of M. and D's. line. For catalogue address Dr. F. C. Drane, President, Baltimore, Md.

Hahnemann Hospital College of San Francisco, Cal.

The Annual Session commences on the first of June, and continues six months. Instruction is thorough in all departments, embracing a three year's graded course of Didactic and Clinical Lectures, with practical work in laboratory, dispensary and dissecting room. A hospital has recently been established in connection with the college. For further information, address W. A. Dewey, M. D., Registrar, 824 Sutter St., San Francisco, Cal.

Ale and Beef Peptonized.—It is truly astonishing how rapidly this article, brought out by the suggestion of the world-renowned Fothergill, has grown into the good will and favor of the medical profession throughout our land. Physicians inform us that the article is of great value to nursing mothers, is most useful during the period of gestation, as it is not only strengthening to the digestive organs, but allays the vomiting that affects so many. The *Ale and Beef* is indorsed by so many of the most eminent among the medical profession that it is with pleasure we call particular attention of our readers to the article.—*Dietetic Gazette.*

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OBITUARY.

DR. WM. C. BARKER, one of the oldest homœopathic physicians of Illinois, died at his home in Waukegan, September 10, aged 79 years. Dr. Barker, who was born in Saratoga, N. Y., came to Waukegan in 1842, and had made it his continuous residence to the time of his death.

DR. E. A. GUILBERT, a prominent homeœopathic physician of Jackson, Miss., died Sept. 14, from the effects of an overdose of morphine. Dr. Guilbert had recently been appointed Assistant Adjutant General of the State by the Governor.

Got it Right.

A self-made doctor out in New Mexico was once called up to act as an expert witness. The judge asked him:

"How many ribs are there in the human body?"

"Sixteen, may the court please," promptly replied the doctor. Soon after he quietly slipped into a back room and was seen with his coat and vest off feeling of his sides. He reappeared and addressed the court:

"May it please your Honor, I desire to correct my testimony in regard to the number of ribs in the human body. There are twenty-four instead of sixteen."

LINCOLN PARK SANITARIUM.

Friday evening, Sept. 11, Dr. E. H. Pratt gave a reception and a supper to the physicians who have been attending his special course. More than one hundred were present. From the parlor floor to the solarium on the roof the house was brilliant with the glow of incandescent lights. A band of stringed instruments furnished music throughout the evening. In the large dining-room a choice collation was served. The visiting physicians had but one opinion to express regarding the enjoyment of the occasion, and but one sentiment concerning Dr. Pratt's generous hospitality.

Those who have not seen the Lincoln Park Sanitarium have no correct idea of the size and character of the institution. It is one of the finest Sanitariums in the country, and its location is not equalled anywhere in the world. For surroundings, it has all of Lincoln Park, with a fine view of Lake Michigan in the near distance. The building itself is a large stone structure capable of accommodating a hundred and fifty patients. The rooms are furnished not only comfortably but elegantly, and all the appointments of the establishment are of the highest order. It is full to overflowing with patients, new-comers having to wait for vacancies created by those who leave.

DR. A. B. KINNE, of Syracuse, N. Y., says the following about Antikamnia:

GENTLEMEN: Send me six ounces Antikamnia, 3 in powder and 3 in tablets. I start for Europe with a patient who has locomotor ataxia, and for his pains no thing relieves him like this remedy, so I want plenty of it while away.

Respectfully,
A. B. KINNE, M. D.

Syracuse, N. Y., July 18, 1891.

THE earnest attention of physicians is invited to demonstrated facts regarding the quality of the preparations of malt with cod-liver oil in the market determined by the report of the chairman of Committee on Adulterations of the New York Pharmaceutical Association, read at the recent 1891 meeting.

Dr. Eccles analyzed the three best known preparations of cod-liver oil in the market, number one, Trommer's; number two, The Maltine Co.'s; number three, Parke, Davis & Co.'s; and reached the conclusion already arrived at by an analysis previously made of these same products by Prof. R. H. Chittenden, of the Sheffield Scientific School of Yale University, that only one of these products, and that number three, was true to the claim made by its makers as to the percentage of cod-liver oil.

THEY SAY

That charity clothes even the naked truth.

That he who tries to prove too much proves nothing.

That silence is largely made up of words of wisdom.

That he who is devoted to everybody is devoted to nobody.

That it's a great pity there are no rules without exceptions.

That circumstances do not make men, they discover them.

That speech has been given to man to disguise his thought.

That after the first frost life's fitful hay-fever will be over.

That only one man in two hundred is over six feet in height.

That an ounce of lead is worth a pound of cure for a mad dog.

That candor doesn't necessitate treading on other people's toes.

That there is no excuse for being bigoted against anything but bigotry.

That inquiry is being made for the man who dares say all he thinks.

That one could make a great big book out of what has not been said.

That you should always beware of a tamed wolf and a reconciled enemy.

That a doctor in Chicago calls his baby Macbeth, because it murders sleep.

That each man believes that when he dies there will be another holy ghost.

That there are two sides to every story, but your side is always the right one.

That when a man's business has run down the sheriff generally winds it up.

That Chicago has a Chinese merchant with the phthisical name of Sor Lung.

That to select well among old things is almost equal to inventing new ones.

That men sometimes take pride in telling what great sinners they used to be.

That we were asked the other day, Who can decide when doctors ever agreed?

That the world is full of men who never forget a promise that is made to them.

That a monkey goes to the sunny side of the tree when he wants a warmer climb.

That the male population of the world is falling farther and farther behind the female.

That Time is a great healer, but give him time enough and he'll bury all his patients.

That when we say there is nothing new under the sun we do not count forgotten things.

That the American hog is still excluded from France unless he goes disguised as a tourist.

That some men are so awed by the dignity of labor that they keep a respectful distance from it.

That there is a tide in the affairs of men which, if not properly dodged at the right moment, swamps them.

That many a man hides his light under a bushel only so that the illuminated basket may attract attention.

That a Connecticut doctor who was attacked by a wildcat overcame it by the use of a bottle of chloroform.

That friends are of three classes—those who love us, those who are indifferent to us, and those who hate us.

That one of the hardest things in the world is to keep the brass band from mistaking itself for the entire procession.

That every man who has an ax to grind looks upon every other man with an eye to inducing him to turn the handle.

That it is better to try to make your home heaven than to spend time in trying to make heaven your home.

That when one seeks the cause of the success of great men, one is astonished to find that they did everything necessary to insure it.

That almost all cases of the morphine habit originate from the prescription of the drug, given by the physician for the relief of pain.

That the owl's reputation for wisdom is not due to the fact that he stays up all night, but that he has too much sense to stay up all night and all day, too.

That Bismarck has the neuralgia, Emperor William has been laid up with a sprain, the Czar has had the earache, Gladstone suffers from insomnia, Mr. Blaine has the gout, President Harrison the influenza, and we are not feeling very well ourself.

THE MEDICAL ERA

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CH. GATCHELL, M. D., EDITOR.

THE SO-CALLED "BICHLORIDE-OF-GOLD" IN THE TREATMENT OF INEBRIETY.

The Keeley-motor man has been outdone by the Keeley-method man. Pennsylvania must yield to Illinois. Dwight has been made famous as the Mecca of dipsomaniacs and the repository of the holy coat of alcoholism.

Probably no private business enterprise ever enjoyed such amount of free advertising as has been lavished upon DR. KEELEY and his treatment of the liquor-habit by the subcutaneous injection of what purports to be the "bichloride-of-gold." The daily press, for months, has been giving many columns of laudation to it, while the religious weeklies of the entire country have sounded its praises in every household in the land. As a result, the little Illinois town has become crowded with patients, the shrewd doctor has in a short time made a fortune, and "Bichloride-of-Gold Clubs" meet to sing his praises and to send him patients.

The facts in the case, as nearly as they can be ascertained, may be briefly stated.

About a year ago a certain DR. LESLIE E. KEELEY, of Dwight, a small town 70 miles from Chicago, announced that he had discovered a new and infallible remedy for the cure of dipsomania. The remedy, which is administered by hypodermic injection, consists, he claims, of the "bichloride-of-gold." Soon he had patients in abundance. The number rapidly increased until, at the present time, he has hundreds constantly under treatment, and thousands have "graduated," as it is called, from his institution.

The patients find boarding-places in the town. Four times daily they present themselves at the doctor's office, where they receive their injections of the alleged "bichloride." Three or four weeks is the time usually required to effect a "cure."

When the patient first comes under treatment he is permitted to have free access to liquor, and to indulge in it without restraint. Some take advantage of this privilege, while others do not. After a few days, however, the subject loses all "appetite" and craving for liquor, and, in the case of those who remain "cured," the craving does not return. In this City many of those who haveunder gone the treatment have organized themselves into what is called a "Bichloride-of-Gold Club," the members of which exert themselves to sound the praises of the Keeley-method, and to induce other sufferers to take advantage of the treatment.

But there is another chapter to this history, concerning which the profession should be informed.

DR. KEELEY keeps secret the nature of the compound that he injects. It is impossible to obtain possession of a sample for analysis, since it cannot be extracted from beneath a man's skin.

Moreover, it should be known that many of those who have received the treatment relapse into their former habits. How many do so, it is impossible to say. The doctor himself claims that the cure is permanent in all but five per cent of cases. But this claim cannot be substantiated. The proportion of failures is

far greater than this would indicate. There are former patients of Dr. Keeley, who have relapsed, in the Washingtonian Home in this city. There are others in La Porte, Indiana. How many are scattered in various parts of the country, can never be known.

But even if one-half of the cases treated remain permanently cured, the result is well worth laboring for. It remains to inquire how this is accomplished.

In the first place it must be stated that there is no such thing as the *bi*-chloride-of-gold. The *bi*-chloride-of-gold is an impossibility chemically. There are only two chlorides of gold known—AuCl and $AuCl_3$, *i. e.* the *mono*-chloride (called the chloride) and the *tri*-chloride. It is the one or the other of these that Dr. Keeley uses. We will assume that it is the former of two—the chloride-of-gold. It is probably used, however, mixed with a solution of chloride-of-sodium.

We will now relate what is taking place at Dwight.

At the present time there are about eight hundred patients under treatment. Four times a day, at 8 A. M., 12 M., and 5 and 7:30 P. M., every patient is required to stand in line, with arm bared, to receive his "shot," as the hypodermic injection is called. The fluid injected is red in color. It probably contains the chloride of gold. Some patients receive a second injection of a clear fluid, which probably contains strychnine. But the red fluid is the one commonly used.

In addition to this, every two hours during the day each one is required to take a dose consisting of some secret solution, which is mixed in a tumblerful of water. This the patients call their "dope." It is an intensely bitter fluid, and there is a tradition that it contains gold, arsenic, strychnine, atropine, quinine and morphine. One who has used it says: "It creates a ravenous appetite and produces refreshing sleep. It also destroys the appetite for liquor." This is the daily programme.

Three or four weeks is the time usually devoted to treatment, when the patient is discharged and said to be cured. Happily, in a great many cases, the cure is permanent, since a cure that has lasted a year may justly be so called. If, after that length of time, the patient returns to his former habits, it cannot be laid to any failure on the part of the treatment. The course of medication has a depressing effect upon the system, and, on leaving Dwight, the patient is given a bottle of "tonic" having cinchona as its base. The exact formula is said to be:

℞

Ammon. Muriat	grs. j.;
Aloin	grs. ij.;
Comp. tr. Cinchona	ʒ iij.;
Aqua q. s. ad	ʒ iv.

Mix. S.: Teaspoonful at a dose.

The compound used by Dr. Keeley contains not alone the so-called "bichloride"-of-gold, but, as the evidence goes to show, other active nerve-stimulants. Among these may be named strychnine, atropine, coca, cinchona and ammonia. All of these drugs have been used by the profession in the treatment of dipsomania. There is nothing new in the remedies.

That the compound contains the most active of the drugs named, is rendered practically certain by the testimony of returned patients. While under treatment they complain of muscular twitchings, indicating the presence of the strychnine, and of dilatation of the pupils and dimness of vision, indicating the presence of the atropine.

The effects of the dosing that the patients get is very pronounced. After receiving four hypodermic injections daily, and taking a dose of "dope" every two hours for several days, the system is profoundly affected. As already stated, the appetite for alcohol is lost, and in its place there is acquired an actual aversion to it. In fact, in many cases, the stomach rejects it. This takes place usually inside of three days. The longest period that the craving has been known to persist is five days.

Although patients are permitted to take all the liquor they desire, it must be the liquor that DR. KEELEY himself furnishes, which is claimed to be a "very pure article." That which they bring with them is taken from them. It is suspected that the pure article furnished them has been "doctored" with some emetic. If so, this, will help to account for its rejection by the stomach, and the aversion that is so speedily acquired.

In the second week of treatment many patients suffer a rise of temperature, and they are subject to attacks of vomiting and purging. It is known that there is aloin in one of the mixtures that DR. KEELEY uses, and this being so its presence may account for the latter symptom. The chloride-of-gold may be responsible for the rise of temperature, since its pathogenetic effect, after taking it for ten or fifteen days, is to produce an erethistic fever. Later this condition subsides, and the patient regains strength. In the end he goes forth, his craving for liquor entirely lost.

In the results obtained there is nothing new, remarkable or extraordinary. What DR. KEELEY is doing has been done by others before DR. KEELEY'S fame became world-wide. Any physician in the country can achieve as favorable results in the treatment of dipsomania if he obtains like control of his patients.

The method is simply this: The victim of alcoholism receives four times daily, by hypodermic injection, and eight times daily by the mouth, various doses containing a number of the most active and powerful stimulants and nerve-tonics known to medicine. The patient's system is saturated with them. By their action they produce profound changes, and they supply him with the stimulation that he formerly found in alcohol. This is continued for several weeks. During this time the patient not only dispenses with, but loses his desire for, alcohol, the one stimulant to which he had formerly been accustomed. The more powerful stimulants take the place of the less powerful one.

But more than this can be said, for, when the treatment ceases, in many cases the old appetite does not return. DR. KEELEY claims that this is the history in ninety-five per cent of cases. Others, whose testimony is probably more reliable, say that about one-third of those treated suffer relapse. But even with this record, the percentage of permanent cures is very favorable; it would be so if but one-half were permanent.

So much may be said to the credit of the treatment.

The mistake that DR. KEELEY makes is in trying to keep his method a secret, and in claiming it as new. At La Porte, Indiana, there is a physician who, for three years, has been practicing a very similar method, and with equally as favorable results. But DR. GRAY did not, like DR. KEELEY, surround his treatment with an air of mystery by keeping it secret. Had he done so, some great newspaper might have been attracted by it, might have heralded it to the world, and have made DR. GRAY as famous as DR. KEELEY.

In his treatment, DR. GRAY uses chiefly a prescription which consists of:

℞.

Chloride of gold and sodium	grs. xij.;
Muriate of Ammonia	grs. vj.;
Nitrate of Strychnine	gr. j.;
Atropine	gr. ½;
Compound fl. ext. Cinchona	℥ iij.;
Fl. ext. Coca	℥ j.;
Glycerine	℥ j.;
Distilled water	℥ j.

Mix and take a teaspoonful in a glass of water every two hours when awake.

Of this the patient receives the proper dose, as indicated.

The amount of the gold and the strychnine in the prescription is gradually increased to the verge of tolerance. In the beginning of the treatment the patient is permitted to take all the whisky that he wants, but by the fourth day he not only does not want it, but has acquired a repugnance to it. The treatment is continued for three or four weeks, when the patient is discharged. In the majority of cases a permanent cure is effected. That there are some cases that relapse is only

stating what every physician may surmise. But the number is no greater than in KEELEY'S method. Cure is claimed in eighty per cent.

Thus, there is no secret about the method of cure of dipsomania. Any physician who reads these lines, who can get proper control of his patient, and who for a period of several weeks will keep the patient's system saturated to the verge of tolerance with the chloride-of-gold, strychnine and atropine, can make as many cures in cases of dipsomania as are being made by the famous doctor of Dwight.

Our own suspicion is that the hypodermic injection to which DR. KEELEY attaches so much importance has less to do with the cure than has the compound that the patients call "dope," which they take every two hours. It would not be surprising if the injections were merely for "effect." The "dope" contains enough powerful drugs to accomplish all that is claimed for the treatment.

If any physician who is reached by this copy of the ERA has charge of a case of inebriety, and does not care to undertake the treatment himself, let him send his patient to DR. L. P. GRAY'S institution at La Porte, Indiana. He will there receive the best of care and the best of treatment.

A word may well be said here in reference to the element of "mystery" in the Keeley-method. It undoubtedly plays its part. People like to be deluded. The fakir always has a larger following than the factor. With some, faith is stronger than knowledge; miracles more potent than measures; the unseen more impressive than the seen.

So it is with the Illinois illusionist. He gets a control of his patients unknown to him who deals in daylight.

Who would not belong to a "Bichloride Club?" It suggests glitter and glamour and gold.

But who would belong to a "Strychnine Club?" It suggests disease and danger and sudden death.

You must first get control of your patient.

ORIGINAL ARTICLES.

PEROXIDE OF HYDROGEN IN DISEASES OF THE MUCOUS AND SEROUS MEMBRANES.

By W. S. MULLINS, M. D.
HENDERSON, KY.

[A paper read before the International Homœopathic Congress, Atlantic City, N. J., June 16–23, 1891.]

SINCE the discovery of Peroxide of Hydrogen in 1817 by the French chemist, Thenard, and its introduction to the medical profession by Richardson, in 1858, it has, like most remedial agencies brought forth by the empirical school of medicine, enjoyed great favor for a few years, only to fall into disuse, not because it did not possess virtues peculiar to itself, but from the fact that it was an impure chemical substance, producing escharotic effects when applied locally, and poisonous effects upon the system when diluted.

What it may do outside of its remedial effects upon mucous and serous membranes, I know not. But the results obtained in diseases of the nose, throat, ear, skin and womb, I have had an extended clinical experience of ten years. It is Marchand's Peroxide of Hydrogen, $H_2 O_2$, that I speak.

I know of no chemico-therapeutical substance of modern use, that brings the physician a more decided and powerful curative action in its range of indications.

Before entering into its clinical adaptation, permit me to say, by way of caution, that in no instance, and under no circumstances, should the commercial and poisonous peroxide of hydrogen be used. Neither should it be applied or inhaled except by means of glass, rubber, porcelain or gold instruments, as its effects are certainly contaminated, if not entirely destroyed, by any other appliances than the ones named.

In acute, subacute or chronic cases of catarrh of the head, when accompanied by an acrid, excoriating discharge, and much sneezing, it will almost certainly control the sneezing and change the nature of the discharge from acrid to bland.

In chronic nasal discharge, either from the anterior or posterior nares, of a yellowish greenish fœted character, with an accumulation of hardened pus and scabs in the nose, it will soften them and cleanse the nose effectually.

In both conditions of nasal catarrh as enumerated, to be followed by an application of

glycozone on a cotton swab; or, better still, to saturate a small cotton tampon of borated cotton with the glycozone and place it well up each nostril; allow it to remain from one to two hours, cautioning your patient to remove it gently and to desist from any forcible blowing of the nose between treatments.

In granular pharyngitis, produced by smoking, apply by means of a spray, as follows:

Peroxide of hydrogen, 15 volumes, ℥ss.
Aqua destillata, ℥ijss.

To be followed by inhalations of ozonized vapor. It is a radical cure. Three sprayings and three inhalations in bad cases, and once a day in simple cases, should be used, cautioning your patient to hawk as little as possible.

In diphtheria, an early application of copious and frequent spraying of the nose, mouth, throat, pharynx and larynx, administered with a mixture of:

Peroxide of hydrogen, 15 volumes, ℥ss.
Aqua destillata, ℥iij.

When diphtheria is well developed, irrigate copiously and frequently, the nostrils, pharynx, mouth and larynx, with a stronger mixture as follows:

Peroxide of hydrogen, 15 volumes, ℥jss.
Aqua destillata, ℥ss.

The above is the best local application for this most dread disease. It is to be used of course with the indicated internal remedies.

In bronchitis and asthma, administer vapor inhalations three or four times a day with a mixture made as follows:

Peroxide of hydrogen, 15 volumes, ℥jss.
Glycerine, ℥j.

Koch's lymph or Shurley-Gibbes iodine and chloride of gold and sodium, are nowhere in benefiting your consumptive patients, when compared with the following:

Peroxide of hydrogen, 15 volumes, ℥ij.
Pure glycerine, ℥j.

M. Sig.: Shake well, inhale for ten minutes, three times per day, in alternation with the following:

Fl. ext. Hydrastis, ℥ss.
Glycerine, ℥j.
Kreasotum, M. vi.
Aqua destillata, ℥jss.

M. Sig.: As directed.

In cases of the many different varieties of eruption seen so often upon the faces of young girls from 15 to 23 years of age, including blackheads, by applying first for about three minutes, to the face a flannel cloth as hot as can be wrung out of hot water, then apply by means of a sponge, Marchand's full strength Peroxide of Hydrogen, followed by rubbing well into the skin, boracic acid; one to three applications per day, according to the severity of the case, will give you all the reputation you desire as a dermatologist.

CONJUNCTIVITIS.

The following makes a splendid application for catarrhal or granulated conjunctivitis:

Glycerine, ℥j.
Boracic acid, ℥j.

Mix well in a mortar and add Peroxide of Hydrogen, ℥i. Apply by means of a camel's-hair brush. Keep well corked.

CRONIC ULCER.

I have just dismissed from my office, cured, an old chronic ulcer of the leg of fifteen years' duration. It was one inch deep, three inches long and two inches wide.

The only treatment the patient received was the application of peroxide of hydrogen, 15 volumes, dropped on carefully night and morning by an ordinary glass dropper, being careful not to disturb the white foam thereon. The whole was then covered by borated cotton, saturated with glycozone, oil-silk over this, the leg kept bandaged from the foot to the knee by an Empire elastic bandage—by the way, far superior to Martin's.

During the three months he was under my treatment, he received three doses of sulphur 47_m, ten doses of Arsenicum 3_x, ten doses of Argentum nit. 6_x, ten doses of Lachesis 6_x, ten doses Calcarea sulph. 6_x, which, in my mind, contributed much in curing the case.

GYNECOLOGY.

In the field of gynecological work, nothing serves me as well and often, nor is there anything, in my opinion, to take its place.

ABCESS OF THE LABIA.

Puncture with bistoury, cleanse with pure Peroxide of hydrogen, 15 volumes, then by hypodermic syringe, inject slowly into the sac, 10 or 15 drops of Glycozone; very little reaction follows, and the results are perfect.

VAGINITIS.

As a vaginal douche, use hot buttermilk; then by aid of the speculum and a small cotton swab on an applicator, apply the pure Peroxide of hydrogen, 15 volumes, to the entire mucous membrane, including the cervical canal, to be followed at once by an application of Glycozone. Insert into the

vagina a roll of cotton, saturated with Glycozone, which serves to keep the inflamed surfaces apart. Use the same treatment for vulvitis.

ENDOMETRITIS.

In endometritis, when the discharge is white and acrid, or yellowish, greenish and fœtid, apply, full strength, 15 volumes, being careful not to wipe off the foam generated; follow by one application of a tampon, or tampons, saturated with Glycozone.

CHRONIC METRITIS.

Copious hot water vaginal douches; then apply full strength, Peroxide of hydrogen, 15 volumes, followed by tampons of Glycozone, applied every other day. This treatment is worth the consideration of any member of this institute. It is, of course, understood that in all cases the indicated remedy must be used, combined, in the judgment of the physician, with proper attention to diet, rest, exercise, massage, or any other proper adjunct.

In almost all cases where the Peroxide of hydrogen is used in the nose or throat, it should be diluted one-third, one-fourth, one-half, three-fourths, and sometimes four-fifths, with pure distilled water.

My rule has been, except in cases of nasal catarrh, accompanied with much sneezing and very acrid excoriating discharge, to use it just strong enough to produce a very slight, tingling sensation.

It should be borne in mind that, when used in the nasal cavities, it produces frequent sneezing, and if too excessive should be diluted still more. If its use on irritated, inflamed or ulcerated surfaces should produce a too free discharge of blood, you may conclude that it needs further weakening.

If you desire a better, quicker and more effective local treatment for carbuncles than carbolic acid, in conjunction with your constitutional remedies, inject pure medicinal Peroxide of hydrogen by use of hypodermic syringe; a keen, cutting, stinging pain follows. When the pain has subsided, inject by same means, a few drops of Glycozone. I am only sorry my time will not permit me to enter as fully as I would like in explanation of its beneficial use, and speak of its great curative powers in eczematous vesicular eruption, in vesicular erysipelas, in aphthous and cancrous conditions of the mouth, and of its value as an internal remedy in gaseous dyspepsia that will not respond to Lycopodium, China, Argentum, Magnesium, Phosphorus or Carbo veg.

As I have already indicated, I have great faith in the Peroxide of hydrogen in the treatment of consumption. Give inhalations on alternate days, of the Peroxide, and Hydrastis, at the same time giving nourishing food, and attending to other conditions. It has helped me to cure several well-developed cases of consumption. The use of the Hydrastis is not original with me, but the plan of alternating the two I have never known to be used by others.

I am loth to leave this, to me, interesting subject. I trust that it may be of benefit to you.

NASAL STENOSIS DUE TO BONY OBSTRUCTIONS.

By W. A. DUNN, M.D.
CHICAGO.

[Read before the Illinois State Homœopathic Medical Association, Springfield, Ill., May, 1891.]

NASAL obstruction of any variety is far reaching in its influence on the general system because of the effect on the respiration and the cerebral circulation. The first effect of this form of stenosis is to be observed in the changed manner of breath-taking, by which the air is caused to circulate through the mouth, thereby losing the warming and moistening influence of the nasal mucous membrane and allowing the air to enter the throat in a cold and dust-charged condition, which must cause a local irritation and congestion.

This soon brings on an inflammation of the throat, and often of the bronchial and pulmonary tissues.

The deleterious action extends far beyond the lungs, however, and affects the formation of chest walls and their muscular action. While we may breathe very easily in the normal manner, those who have a complete obstruction of the nose find the process of breath-taking not only laborious but extremely exhausting.

Another serious condition arising from this trouble is the reflex effect on the circulation of the brain. Such patients usually suffer from depression and dullness of the mental faculties, and from restless sleep and nightmare.

There are many different conditions causing this stenosis, but I wish to speak of a single type of the trouble that is produced by

bony, or cartilaginous malformations and deecfltions in the nose. These changes may be congenital or acquired, and may affect the septum, or the outer wall of the nose. There are also many such cases arising from an abnormal formation of the general contour of the nose. In this class of cases the nose is prominent, but very thin transversely, which does not leave enough space for the normal tissues of the nose and a consequent encroachment on the meatus with mouth-breathing.

The deformities of the septum consists of deviation, either congenital or traumatic; dislocation of the triangular cartilage; dislocation of the sesamoid cartilage at the base of the nose; ecchrondrosis; exostosis, and congenital hypertrophy of the septo-maxillary suture.

Those affecting the anterior wall are: congenital enlargement of the turbinated bones; and normal turbinated bones with an unusually contracted nose.

The symptoms of all these conditions are precisely the same in proportion to the degree of stenosis, and only by an examination with the rhinoscope is it possible to diagnose the different conditions.

Many times these conditions are complicated by changes in the soft tissues of the nose, which add to or complete the obstructions.

I have often observed a condition in which the congenital bony obstruction was but partial, yet, as time went on, a progressive stenosis occurred, from a gradual change in the soft tissues due to catarrhal inflammation and hypertrophy.

The treatment of all these types of obstruction is necessarily surgical, and the operations for many are similar. The operations described and recommended by some authorities are unnecessarily barbarous, and I believe should never be resorted to. This is especially true of the operations of boring through the nose with a burr driven by an electric-motor or dental engine.

I have seen a man who is recognized as an advanced leader in this specialty, drill through the nose in this manner without regard to the tissues to be removed, and after withdrawing the drill examine the débris to see if he had removed the bone or only soft tissue. Now, this is not only barbarous, but extremely unscientific.

The operation for deviation of the septum consists in making a crucial incision through the septal wall, and with an Adams septal forceps, or my septal compressor, force the septum into position and retain it with a nasal bougie, to which may be added plugs of jute or wool. These plugs should be allowed to remain in position for a week, when they should be removed and again replaced for a few days until the septum is perfectly formed in its new position.

If the nose is large enough to admit the careful dissection, it is better to preserve intact the soft tissues and the convex surface of the septum. But in order to do this you most be able to insert the finger into the nasal opening.

If the triangular cartilage is separated from the maxilla and is resting in the nasal cavity, it is best carefully to dissect the cartilage from its new position and restore it to its proper place, and retain it, as in the operation for deviation.

These operations are not happy ones, as it is necessary to administer an anæsthetic, and the flow of blood is profuse, causing much difficulty and loss of time.

To restore a dislocation of the anterior cartilage, is similar, but much more easily accomplished. Outgrowths on the septum either cartilaginous or osseous, and without regard to position, should be removed by the nasal saw.

I usually cut from below upward, making a smooth, even surface. Care should be exercised not to remove too much tissue if there be an accompanying deviation, for a hole in the septum is not a pleasant complication.

The after-treatment consists of plugging the nose with Calendula cerate on cotton.

The most difficult operations are those requiring the removal of a portion of turbinated bones. These bones are covered by so much vascular tissue that the operation is apt to be accompanied by violent hemorrhage, and a serious complication may arise in this manner.

The turbinated bones are removed by the saw in a manner similar to the operations on the septum, but it is necessary to plug the nose very firmly for the whole extent of the cut surface, and to allow the plug to remain in position as long as possible.

It is always difficult to remove the plug without bringing on a hemorrhage, as the cotten adheres to the cut surface and slight traction causes a fracture of the eschar and a free hemorrhage. I have sometimes had the

hemorrhage appear in an alarming manner after several days, in those who were predisposed to bleeding, or those who would not remain quiet until the wound could heal.

This being a wound that must heal by granulation, requires from three to four weeks for the process, and often a hyper-granulation occurs which requires to be destroyed by the electro-cautery.

The nose being so intimately connected with the circulation, and so closely associated with the brain, you can appreciate that these operations make a profound impression on the general system, and that patients often become faint during the operation and are quite apt to suffer a rise of temperature for a few days.

While some of these procedures seem severe, the improvement obtained by the relief of the mouth-breathing is so marked that patients always are delighted with the results and are not sorry they have allowed the operation to be preformed.

Central Music Hall.

VASO-NUTRITIVE CHANGES IN ORIFICIAL SURGERY.

By J. W. CLEMMER, M. D.
COLUMBUS, O.

[Read before the Ohio State Homœopathic Medical Society, Findlay, O., May, 1891.]

ORIFICIAL philosophy, accepted and rejected, extolled and ignored, like all innovations from orthodox theory and practice, has a varied experience among medical men.

Two years ago Dr. Pratt, the founder and advocate of the new doctrine, addressed this Society. While many looked upon the new idea as the fulmination of an enthusiast, no one doubted the doctor's candor and ability. The impression left with me was too skeptical to have submitted results of experiment with an honest people, but being in a position to test the practice among thieves and murderers, the hospital at the Ohio penitentiary became the play-ground of orificial surgery. In a limited experience the work proved a series of happy results. As a method of treating all manner of rectal and genito-urinary disease, it is matchless. The best means and the highest success in treating rectal disease yield the reward of merit to Dr. Pratt.

Rectal disease, long neglected, fruitful of much local distress and general ill-health, stigmatizing the profession with its inability to cope with a carpenter who left his bench to inject piles, under cover of orificial surgery, finds easy, successful, scientific treatment.

The object of this paper is not so much to call attention to the best method of treating local disease situated at the outlets of the body, but to note some of the drivative effects of such treatment.

In a record of over a hundred cases, which gives the weight of the patient at the time of operation and subsequently, at dates varying from four months to one year, I find an average increase per patient of nine pounds.

These subjects had been afflicted with various forms of chronic disease from one to 25 years. Some had uncomplicated orificial disease; the majority suffered from some form of functional disease.

The most common condition attending these cases was cold hands and cold feet. It has been my experience to see cold extremities made warm almost instantly by orificial methods. Repeatedly I have seen this work flush capillaries and warm tissues that had not been flushed and warmed for years. As a result of this renewed circulation throughout the body, there followed nutritive changes to account for the increase of weight. This increase of weight, this average of nine pounds per patient, I take it, means improved digestion, better circulation, better nerve tone, better nutrition and better health.

Another noteworthy result in this experience was the disappearance of functional disease reflex from orificial irritation. In this way neuralgia, headache, sciatica, bronchial catarrh, asthma, constipation, diarrhœa and other chronic diseases disappeared as if by magic.

The principles of orificial philosophy must be revealed by clinical experience in order to gain full credit. In order to appreciate the technical operations upon diseased conditions, it is necessary to have a wide knowledge of anatomy, physiology, pathology, and some of the other 'ologies. It is not intended to make a classic study of the subject; still, hugging the practical side of the question, let us observe further what takes place during orificial work.

General surgery during anæsthesia does not affect the circulation or respiration, but in orificial work both are much disturbed. Dilatation of the internal sphincter ani causes a depression of the heart's action and respiration, while dilatation of the external sphincter has no such effect. The difference in results of

stretching these two muscles is that the external is supplied by the cerebro-spinal nerves, while the internal is wholly under control of the sympathetic.

It is not the dilatation alone, but the bruising of tissues supplied by the sympathetic, that produces temporary embarrassment of the circulation and respiration. The patient struggles for breath and the pulse becomes weak and rapid. Dilatation of the cervix and urethra in some cases causes the same effect, only in less degree. The reaction from this shocking of the sympathetic nervous system is observed in a renewed capillary circulation throughout the body, followed by nutritive changes.

The importance of the sympathetic nerve force in health and in disease can scarcely be overestimated. All the processes of animal life are under its control. Circulation and nutrition bear the stamp of their nervous supply. The direct means by which the body is developed, nourished and maintained in health, by which all the functions are performed, is the circulation of the blood. A poor circulation means poor health; a good circulation means good health. The first step in disease is congestion, or anæmia, an unequal distribution of the blood. The chief aim of the physician and surgeon, whatever the means employed, is a re-establishment of the circulation.

The circulation, for tone, integrity and constancy, depends upon a special nerve supply furnished by the vaso-motor system. This is made up from an intermingling of the sympathetic and cerebro-spinal systems. Its filaments—of two kinds, the vaso-dilators and vaso-constrictors—carry distinctive impulses to central ganglia, and accompany the arterial vessels from aorta to capillary. In health the circulation is regulated according to physiological demands by a co-ordinate contraction and relaxation of the blood vessels under control of vaso-motor influence. Besides the vaso-motor filaments, which emerge from the spinal cord by the anterior roots, other fibres enter the cord by the posterior sensory roots. These carry sensory impressions from the periphery to the vaso-motor ganglia, producing reflex vascular disturbance. In this way vaso-motor neurosis, arising from pelvic disease from tissue change during the meno pause, and from orificial irritation, may cause local congestion or pallor in distant parts of the body, and, if long continued, will produce functional disease and disordered nutrition.

Disordered nutrition along the line of vascular disturbances from reflex neurosis, finds its counterpart in nerve waste from long continued irritation and contraction of involuntary muscular fibres. Everyone knows how the prolonged contraction of voluntary muscles causes a painful exhaustion of the nerve supply. Fatigue is made known to consciousness through the cerebro-spinal nerves, but not so with continued irritation and contraction of involuntary muscular fibers. Sympathetic nerve waste does not express itself through conscious pain, but in vaso-nutritive changes, in neurasthenia, functional disease and a lowered vitality.

Involuntary muscular fibres respond to natural stimuli, but they respond as readily to the stimulus of disease. Involuntary muscles make no discrimination; they will endeavor to empty a viscus that contains nothing but disease. Rectal and vesical tenesmus operate much the same in the performance of natural function and under stimulation of disease. When such irritation from diseased conditions, located in a hymen, clitoris, foreskin, urethra, cervix, vagina or rectum, is long continued, there is likely to be induced, especially in sensitive subjects, reflex neurosis and sympathetic nerve waste.

A distended bladder causes erections of the penis, and the sympathetic irritation from internal piles or other rectal disease often produces undue excitability of the sexual apparatus and is a pretty constant attendant upon prostatic enlargement. Many a dupe responds to the beck of diseased stimulation, mistaking the morbid impulse for the pleading of venereal vigor, until an exhausted nerve supply lays down the war-club of passion.

The nerve waste from sexual irregularities, from undue tension of involuntary muscular fibres at the rectum or along the genito-urinary tract, is the cause of more distress to the general health than the rank and file of medical men are willing to admit. This nerve waste, arising from diseased tissues about the orifices, existing without expressions of local distress, exhausts sympathetic nerve supply. The result is seen in a disturbed vaso-motor influence, with vaso-nutritive changes, in reflex neuroses affecting the domain of the cerebro-spinal system, in functional disease, and in that dumping-ground that catches the broken diagnoses and scraps of worthless etiology and pathology, known as "neurasthenia."

Many of these neurasthenics who are treated and robbed year after year by Pill, Powder & Co., if turned to the light of orificial philosophy, would secure the vaso-nutritive changes that would break the spell of cold extremities and pinched nutrition, the index to a starvation of the sympathetic nervous system.

A CASE OF CANCER OF THE UTERUS.

By T. L. BRADFORD, M.D.
PHILADELPHIA, PA.

THE patient was a German woman, aged 49. She had had six children, the last born ten years ago. Two years ago she had metrorrhagia, lasting six weeks. This, at the time, was stopped by Ipecac, Calcarea, and kindred remedies. She has been a hard working woman all her life.

The catamenia was regular until two years ago; since then, irregular. It has been said that many women are pregnant and lose the womb-fruit and never know it. Did she? Was that the cause of the hemorrhage of two years back? At that time her favorite amusement was pretzels; she lived on them—"first thing in the morning, last thing at night." Now, at that time, the flow was checked by medicine. Were the malignant growths, afterwards found in the womb, there at that time? Or, did the pretzel-desire tend to form them? Or, had she, on account of the foreign body in the womb, this craving analagous to the craving from the presence of the child in the uterus?

Her husband was very emphatic in speaking of this morbid desire for pretzels. Since that time she will not eat a pretzel, cannot abide them.

Question: Was this an unconscious pregnancy, or were the cancerous growths influencing the system, as it is influenced by the presence of a child in the womb?

I was called June 20th; she had been flooding for some six weeks; every movement was accompanied by a gush of blood. Excitement, rising from her chair, brought it on. Ipecac, Calcarea, Secale, were of no permanent value. I gave red wine, both for its acid and bracing up qualities, soups and good nourishment.

Her husband became impatient, as he was compelled to remain at home on account of this singular illness. I determined to ask Dr. Malcolm Macfarlan to help me. He came, and curetted the womb; result—a mass of epithelial cancerous growth. The woman said immediately afterward: "I feel much lighter down there." But slight hemorrhage followed the operation. I gave Ipecac 3rd, and enjoined quiet. Two days later the woman was down stairs, better, but weak. The discharge was sanious water. I used warm water injections, gave Ipecac and Calcarea. After the hemorrhage stopped she had a leucorrhœa.

July 14th she passed, as she expressed it, "A three-cornered piece of blood and slime, about three inches long." No doubt the womb had contracted, and had so far returned to its normal condition as to expel the dèbris. Since that time there has been no flooding whatever, no pain in the uterine region.

Now: Can these terrible cancers of the womb, no doubt produced by the exigencies of child-bearing, be by curetting cured, or will the growth still continue, and, after a time, manifest itself? This sort of growth seems to accompany the menopause.

Does the fact of the menses returning at irregular intervals tend to induce such growths?

Here is a woman, hard-working, having the care of a family of six, bearing six children, neck of the womb found lacerated from some old confinement, whose metrorrhagia was stopped by medicine in the first case, and yet two years later it could not be stopped except by the curetting. Was the growth there at the time of the first flooding?

1862 Frankfort Avenue.

Absinthe, the liquor for which our French neighbors exhibit such a partiality, has been so heartily abused that purely scientific appreciations are very welcome to confirm or disprove the accusations leveled against this agreeable but treacherous beverage. As commonly met with, it only contains about 30 minims of essence of absinthe to the litre, the remainder consisting of alcohol, together with from 16 to 100 drops each of the essences of aniseed and star aniseed, coriander, fennel, peppermint, angelica, hyssop and melisse, and the color is given by fresh parsley or nettles. The sum total of the effects of the blend is a sensation of comfort and physical and mental activity, followed by lassitude and indisposition to exertion, and in large doses to epileptiform attacks. The authors are disposed to attribute the major part of the injurious effects to the collateral essences, and seriously recommend manufacturers to discard the use of several of these, and of aniseed in particular.

SELECTIONS.

Appendicitis.

In our esteemed contemporary, the *New England Medical Gazette*, for August, appeared a practical article on "Appendicitis," by Dr. Horace Packard, of Boston. We desire to give to all readers of the MEDICAL ERA who are so unfortunate as not to see the excellent journal named, the benefit of Dr. Packard's able paper.

APPENDICITIS. (*Typhlitis*, *perityphlitis*, *typhlo-enteritis*, *paratyphlitis*, *cæcitis*.

There is at the present time probably no subject which is engaging the attention of physicians more widely than the treatment of inflammations of the vermiform appendix. It is but a few years since the true significance of this affection has been recognized. Multitudes of patients have died from "peritonitis" in the past; such peritonitis having been attributed to that popular pack-horse "a cold," impacted feces, or some equally convenient subterfuge. It was my fortune to see, but ten years ago, while interne in one of the hospitals of this city, a pronounced case of then so-called perityphlitis, go on to death without an effort of any kind being made to relieve the patient, though pus pointed in the right inguinal region forty-eight hours before death.

This case made a profound impression upon me, and I have, from that time, followed with the greatest interest and pleasure the gradual dawn of the present rational conception of the pathology and treatment of this common and highly dangerous disease. All cases do not die, even if let alone; indeed there is a large percentage of spontaneous recoveries. A few months ago while reporting a series of cases, I was informed by an able physician, who has a large experience, that he had met with many cases of appendicitis, but never yet had lost one. I cannot doubt the sincerity of such a statement, but the question forces itself upon me whether or not the old nomenclature is not to blame for the apparent discrepancy. It is true that many cases of appendicitis never result in general peritonitis, for the reason that early in the progress of the disease adjacent loops of intestine become agglutinated, shutting off the little corner of the peritoneal cavity occupied by the appendix effectually from the rest. With this protection against invasion of the general peritoneum, the inflammatory process may go on for days, pus form, and work its way through the wall of an adjacent loop of intestine, or point in the groin; or else resolution and absorption take place. With such a process going on there is always a considerable hardness and tenderness on pressure in the right groin. I doubt not that such a condition is by many still looked upon as a so-called extra-peritoneal abscess. If there be a spontaneous disappearance of the tumor, and tenderness and final recovery, it may be called a case of fecal accumulation. Still further, if pus finally makes its way to the surface and discharges in the groin, it may be diagnosed as an abcess. Observations of the past three or four years have very conclusively proved that the above nomenclature, with the firm differentiation into typhlitis, perityphlitis, paratyphlitis and cæcitis, are erroneous and misleading, in that they in no wise indicate the true origin and nature of the affection. In the series of cases herein reported, and upon which I have operated during the past four years, I have found in every case, save one, a sloughing appendix, together with, in three of the cases, a calculus, either still embedded in, or free, in the sorrounding accumulation of pus. In none of the cases was the pus cavity located extra-peritoneally. In some the parietal peritoneum was greatly thickened and had lost its distinctive character, as had also the peritoneum covering the portion of the cæcal extremity of the colon which was bathed in the accumulated pus. The conditions were in reality para- and perityphlitis, but in every case secondary to an inflammation which had originated in the appendix vermiformis. It is not always easy to find the appendix or the remains of it, for it frequently adheres to adjacent loops of the intestine, but when I have diligently searched for it, I have never failed to bring it to the surface, and its appearance has borne the most eloquent testimony to its guiltiness. With this preamble I wish to review—

THE SYMPTOMS OF APPENDICITIS.

Appendicitis is most frequent in the young and in males. By the young is meant not only children, but adults who are still on the halcyon side of life—under fifty. Of the cases which have come under my observation six have been in vigorous, robust men; two in male children under twelve, one in a man of delicate constitution, over forty, and one in a woman, who had undergone a number of recurrent attacks. A case of peritonitis occurring in a male, or child under puberty, is in ninety-nine cases out of one hundred, appendicitis. In

women there is room for much more doubt on account of the very frequent occurrence of peritonitis originating in the pelvis via the genital tract. The early subjective symptoms of appendicitis are a general feeling of illness, with an uneasiness usually in the right inguinal region, which gradually increases until it becomes a pronounced pain, with tenderness on preasure. The location is qualified by the word usually, because the appendix vermiformis is sometimes displaced toward the left side, even beyond the medial line. As a consequence the pain and tenderness incident to inflammation and suppuration will be correspondingly removed from the usual location. According as the cases are mild in character, or severe, going on rapidly from bad to worse, there will in the former be, after the first twenty-four hours, a gradual abatement of symptoms, or at least no increase, and in the latter a rapid sequence of increasing pain and tenderness, a tumor in the groin, chill, elevation of temperature to 101° F. or 102° F., vomiting, tympanites and diarrhœic stools. Fitz, who has made a critical review of a large number of cases, reports that sixty died the 5th day, forty-six the 4th day, twenty-eight the 3rd day, and eight cases died as early as the 2nd day. This group indicates only cases of a very severe type, such as a consulting physician or surgeon would be likely to meet, but they are none the less appalling, and serve to bring home all the more forcibly to us the necessity for the closest watching.

If, perchance, the patient pulls through to the 9th or 10th day, there will be by that time either a rupture through into the intestinal canal or bladder, or the abscess will have pointed in the groin, or possibly the products of inflammation will have undergone the process of absorption.

In the early days of the attack, pressure with a single finger over the site of the appendix, i. e., a point an inch and a half or two inches from the anterior superior spinous process, in a line to the umbilicus, may show exquisite tenderness. This is known as the "McBurney point," and while useful in confirming a diagnosis, it should be borne in mind that it is of little avail later in the disease, where tympanites has occured. It should also be remembered that the appendix is sometimes displaced far from its usual location, hence the "McBurney point" might be found near the umbilicus or even on the left side of linea alba.

If the case has gone on to the formation of a tumor, which can be distinctly seen and felt, there is frequently observed a slight accumulation of gas beneath the skin in the connective tissue, and also gas within the abscess cavity. Unless this be borne in mind, the tympanitic resonance on percussion might lead one astray. The presence of gas is due to putrefactive changes taking place within the abscess cavity.

TREATMENT OF APPENDICITIS.

It is a difficult question to decide how much influence medical treatment has upon the course of appendicitis. Many cases will undoubtedly go on to recovery without treatment of any kind, other than rest; and on the other hand, very many go on to direst results in spite of the most careful medical treatment.

In the early stage, when the patient complains of little else than moderate pain or uneasiness in the ileo-cæcal region, and there is but slight elevation in temperature, say 99° to 100° F., the administration of Aconite, followed by mercurius, with the use of cold compresses, or the cold water coil locally, will probably accomplish all that can be done to avert the attack. Opium or any narcotic should on no account be given, for thereby important symptoms would be masked, and the physician deluded into thinking the case progressing favorably. Close watching is, above all, most important during the first three or four days. If at the end of the second day, there should be no increase of temperature, and the local pain and tenderness be no greater, it is an encouraging indication to continue the general treatment. If at the end of the third day the temperature falls to normal, or but little above, and local pain and tenderness diminish, it is probable that there is to be a spontaneous and rapid recovery. Still the patient should be kept quietly in bed for several days, or until all local symptoms have entirely disappeared. These first attracks are liable to be followed by others at longer or shorter intervals, any one of which may go on to the most threatening symptoms and death.

The cases which progress from bad to worse are those which give anxiety. Suppose at the end of the second day, the temperature increases to 101°, and the local pain and tenderness also increase. These symptoms indicate an increase of inflammation, and probably the beginning of pus formation. If at the end

of the third day a chill should occur, the temperature creep up to 102°, and the local tenderness also increase, it is very certain that the following day will be a critical one. The possibility of operation should be mentioned to patient or friends, and their consent obtained, should the following symptoms be found the morning of the fourth day, viz., no abatement of temperature, a tumor felt, dulness on percussion in the right inguinal region, vomiting and diarrhœic stools. The presence of these symptoms, whether they have made their appearance by the fourth day or earlier, indicate that the question of operation should be seriously considered, and, in fact, it should be performed before another twelve hours had elapsed. We do not want to wait until an abscess has burst into the general peritoneal cavity, with wide spread peritonitis and tympanites, nor until the patient is in a condition of septicæmia from pus absorption, with weak thready pulse and cold perspiration. The operation, if skilfully performed before the onset of these critical symptoms, I believe would be followed by recovery in every case. The cases which are already in the jaws of death, of course die after an operation; not, however, as a result of the *operation*, but from the disease. Indeed, I look upon the operation for the relief of appendicitis as carrying the minimum amount of danger with it. Compared with the danger of permitting the disease to go on without interference, it is nothing.

TECHNIQUE OF THE OPERATION.

We cannot expect to preserve an aseptic condition of the wound in these cases for the reason that the disease, for the relief of which the incision is made, is septic in its nature. This, however, should not deter us from the same care which would be exercised in other cases to prevent the introduction of fermentative material from without. If a tumor can be felt, the incision should be made over its most prominent part; on failing to locate a tumor, the right linea semilunaris is the proper guide. The tissues are divided until the peritoneum is reached, when great care must be exercised lest loops of intestines, which have become adherent to the abdominal wall, be cut. The peritoneum is sometimes found greatly altered and thickened, cutting like cartilage. When such a condition exists, it forms the anterior wall of the abscess, and may be cut through with confidence that the intestines will not be injured. Sometimes the peritoneum is unchanged and should then be penetrated in the same careful way that is practiced in all laparotomies. The intestines will then be found matted together, but not adherent to the abdominal wall. The finger is next to be gently insinuated between adherent loops, and in a moment a gush of push follows. A fountain syringe should be in readiness, charged with warm water, and its nozzle carried to the bottom of the abscess cavity. With the patient turned slightly on the side, the current of water thoroughly washes out the pus, without danger of infecting the peritoneum. Frequently with a gush of pus, a calculus will jump out, or will be felt lying at the bottom of the cavity. The next thing to search for, will be the appendix, which sometimes comes quickly into view, or may require much seeking, and have to be freed from adhesions before it can be brought into the wound. It will sometimes be found entirely sloughed off, a stump only remaining, or there may be a hole through one side, through which the calculus has sloughed. If the operation be made very early in the progress of the case, there may be no pus, no adhesions, only an enlarged inflammed and œdematous appendix, containing a calculus, or pus, or both. The appendix is next cut away and the stump ligated. A catgut ligature, tied about it near its attachment to the cæcum, seems to answer all purposes, though other methods have been recommended, such as sewing the serons covering over the stump with the "Lambert suture." I have usually used the simple ligature. A method which I have sometimes followed, is to seize the mucous lining with forceps, and with another pair of forceps strip the serous and muscular coat back as far as possible, then cut away the mucous lining. The remaining coats are then brought forward and ligated. A drainage tube is always adjusted, and the wound closed by three sets of catgut sutures, one along the peritoneal margin, another approximating the sheath of the muscles and the third along the cutaneous edges. Deep silver wires are passed to approximate and hold firmly the deeper parts, in case the catgut should give way too early. Considerable space is left alongside the drainage tube, to allow flushing of the abscess cavity, should such treatment be called for.

AFTER TREATMENT.

For the first forty-eight hours the patient should be kept upon his back. This is looked

upon as a very important provision, especially where adhesions have been broken up, and the general peritoneal cavity opened. If the patient be restless and inclined to toss about, morphine is given to insure quiet. This is insisted upon in order that new adhesions may quickly form and thus again shut off the peritoneal tract. Whatever justification there may be after the operation for the use of morphine, there is none before. The third day a stream of carbolized warm water is gently forced through the tube and allowed to regurgitate. A dressing of wood wool, or better still, sublimated gauze, is kept on the wound and changed frequently, every three or four hours. The pus on evacuation is always of a very offensive odor and usually continues so for several days. Sometimes a fecal fistula forms, and fecal matter escapes, but usually it gradually closes and the wound heals. The patient should not be permitted to sit up or get upon his feet until the wound is firmly united and then only with the abdominal wall firmly strapped.

THE QUESTION OF OPERATION IN RECURRENT CASES.

There are not a few cases of recurrent appendicitis, i.e., patients who have a mild attack from which they recover, then another similar illness after an intermission of a few weeks or months. McBurney mentions a case having twelve attacks in one year. Such a condition is a constant menace to life, and the only safety is in the removal of the appendix between the attacks. Treeves believes that in the treatment of relapsing appendicitis by removing the appendix vermiformis during the period of quiescense, we have offered more admirable results than are to be obtained in the treatment of any other form of the disease. Dr. C. B. Porter gives a review of all cases of this character reported to date, which shows very encouraging results. In two cases of recurrent appendicitis upon which I have operated, not enough time has elapsed to judge of the permanence of cure. All I can say is, that thus far there has been no trouble.

Another cause of middle ear disease is the entrance of liquids into the Eustachian tube by the too prevalent use of the nasal douche and the habit of drawing liquids through the anterior nares. Some of the most alarming cases of inflammation of the middle ear are from this cause.

The Reciprocal Relations Between Surgery and Homœopathic Therapeutics as Exemplified in Pelvic Lesions.

This interesting paper is by G. H. Burford, M. B., assistant physician to the gynecological department, London Homœopathic Hospital, and published in the latest number of the *Monthly Homœopathic Review.*

A hundred years ago the only natural law of amplitude correlating drugs and diseases was enunciated as an induction. A hundred years of test and verification have determined the practical value of this law, and have raised it from the barren import of a historical incident to what Goethe phrases as "des Leben's goldnen Baum." But no law of nature is dowered with finality or exclusiveness, no sweeping generalization but has its limits and its complement: and the condition of our knowledge of truth is that such knowledge shall be progressive. As yet, however, no new therapeutic induction has been elaborated which bears any relation to homœopathy, such as, *e. g.*, that of the second law of motion to the first, or that of the survival of the fittest to the law of variation. It is legitimate to enquire therefore if in the homœopathic law we are to see the be-all and end-all of therapeutic science: whether in "similia" we have heard the final deliverance of therapeutics: or if in the evolution of knowledge we may expect yet more brilliant discoveries, yet more inspirations of genius, to fitly amplify the homœopathic law. How much this law needs supplement ere it can successfully displace sacrificial surgery, and in what degree surgery has been supplanted by therapeutics, are the lines of enquiry of the present paper.

MODERN SURGERY INDEPENDENTLY OF HOMŒOPATHY.

Any therapeutic scheme, whose aim it shall be to rival the work of surgery, must discover to us a power in the use of drugs, a celerity in operation and an amplitude in resource as yet conspicuously lacking. There is nothing in the promise or the potency of any known natural law, or any certified empirical procedure, which lends countenance to the statement that the sphere of therapeutics is conterminous with the sphere of surgical removal; or, differently phrased, that the therapeutics of the future will eliminate the sacrificial surgery of the pres-

ent. For let us form a clear conception of the burdens this therapeutic Titan must adequately bear. It must remove with celerity and certainty the grave risks incident to tumor degeneration. (Case of strangulated ovarian cyst successfully operated on cited). It must devise an effective means for removing the dangers of suppurating masses when in contiguity with the peritoneum. (Case of intra-peritoneal abscess, where surgical interference was declined, and which was soon fatal, cited). The appalling results of extra-uterine gestation, with its immense and continuous hemorrhage, must be obviated in some way without the use of the ligature. The drenching hemorrhages from polypi may be staid once and for all by the simplest surgical procedure, while therapeutics may be doing its ineffective best at a time when, for purposes of relief, the days are golden. The rapidly growing and fatally tending ovarian cyst is now often removed, with a safety of result and an ease of convalescence denied to any therapeutic treatment of any serious lesion. It is needless to detail for you the vogue of surgery in the removal of symptoms caused by impacted calculi of gall-bladder or kidney, in the treatment of ileus or volvulus, in the establishment of anastomosis of intestine in cases of obstruction, or in the surgical treatment, often alone quite successful, of tubercular peritonitis. If diagnosis be an unnecessary procedure, and symptomatology the only basis of successful treatment, the fact remains that before abdominal diagnosis was elaborated, or abdominal surgery hinted at, these serious lesions existed, and in spite of homœopathy slew annually their thousands and tens of thousands. In the palmy days of symptom-study, in the first fifty years of this century, homœopathy elaborated a recondite method for dealing with such cases. The totality of symptoms was to be the key of the situation. After fifty years of assiduous labor it became evident that homœopathy had done something, but not all that was hoped from it. It had relieved symptoms, it had deprived illness of many of its pangs, and death of some of its terrors; but it had not caused neoplasms to disappear, or recurrences to cease, or metastases to vanish in any appreciably greater ratio than before. Under these circumstances modern abdominal surgery was born. Its results you all know. And when, for non-infective lesions that are fatally tending, I compare the effects of removal with the only partial relief of symptoms by drugs, I am compelled to admit that in this field therapeutics have been signally wanting in the success that has attended the work of the great rival surgery.

THE INFLUENCE OF HOMŒOPATHY ON SURGICAL PROCEDURE.

We are concerned here with the question, What change has homœopathy effected in the relation of surgery and medicine? Has any notable re-distribution of cases been effected, and the medical sphere enlarged by detachment from the surgeon's work?

Here certain preliminary considerations come in. The basis of exact science is the possibility of perpetual verification. As therapeutics is not an exact science, it is irrational therefore to expect invariably the same result from remedies chosen even in strict accordance with the law. Human life, and at present human therapeutics, are worked on the laws of probability and average. So *frequent* verification of results must suffice for us in the place of that *constant* verification required by exact science. But further, therapeutic successes of an occasional and infrequent type are not to be denied on account of their rarity. They may not be frequently repeated in even similar cases, but this only proves that the similarity was apparent, not real. Thus we may admit therapeutic results that can be frequently achieved, and those that can be but rarely repeated, if these latter are consistent with the canons of evidence.

There is scarcely a department of surgery where well-attested results in carefully diagnosed cases have not been obtained by competent observers. In the great mass of reported cures the diagnosis is open to serious objections, but I will adduce others to which no exception can be taken. Dr. Byres Moir has under his care a case of aortic aneurism, which has considerably lessened and finally ceased to trouble under *Baryta carb.* The patient had elsewhere previously a prolonged hospital experience to no avail, and was steadily getting worse. A most gloomy prognosis had been given, but the steady improvement under drug treatment negatived the asserted imminence of dissolution.

Dr. Dudgeon has communicated to me a case of a lady suffering from persistent menorrhagia, and who had undergone operation for removal of ovaries and tubes in the hope of arresting the bleeding. But in vain; and

preparation was being made for the severer operation of hysterectomy, when it was suggested that homœopathic treatment might be tried. *Apis* was the remedy selected, and a short course of this drug promptly staid the hæmorrhage, and that permanently.

In another case seen with Dr. Hall, at Surbiton, the results of treatment were quite as striking. With the assistance of my friend Dr. Carfrae I opened the abdomen to remove a suppurating cyst. Everywhere the peritoneal cavity seemed obliterated by adhesions; no serous surfaces were to be seen; and the fingers separated sheet after sheet of false membrane, before even the cyst wall could be clearly made out. No intestines even were seen during the operation. In consequence of these universal adhesions, a small part of the basis of the cyst was left behind. *Hepar* was steadily given for months; and a year after the primary operation I again opened the abdomen to remove the remnant of cyst wall. A most striking change had occurred; the serous cavity had again become visible, every shred of membrane had disappeared, viscera were mobile, and all traces of the intense inflammatory storm had vanished. *Hepar* was the only medicine given for any length of time.

The cure of hæmorrhoids; the disappearance of fistula; the reduction of prolapsus ani and uteri; the closing of lachrymal sinuses, and many other conditions in minor surgery are to be found in literature as observed by competent men. But their relatively infrequent occurrence, as compared with intractable cases, removes these from the list of probable events. They cannot, even in cured cases, be prognosed with certainty; and this incertitude of result, together with the relative infrequency of the curable type, limits, and will always limit, the influence of homœopathy on surgery.

Some of these results can be secured with much greater frequency than others. While the arrest of aneurism, the restoration of infiltrated tissues to the *status quo*, and the cure of cystic bronchocele are rarely achieved, the disappearance of enlarged glands, the cure of varicosis, the absorption of hordeola and more rarely of meibomian cysts, and the vanishing of young and succulent fibromata come within the range of frequently repeated successes.

And in the after treatment of operations, these remedies have a brilliant sphere. I ascribe much of our success in abdominal sections in hospital and private work to my uniform practice of prescribing *Belladonna* and *Mercurius cor.* during the critical period, the first four days; a plan I have never had reason to alter.

ON THE NECESSARY LIMITS OF THERAPEUTICS IN THE TREATMENT OF LESIONS STYLED SURGICAL.

Although an operating surgeon, accustomed to deal with the gravest issues of life and death in cases where therapeutics have failed, I confess I should regard with feelings of the liveliest apprehension any stagnation of therapeutic interest, or any paralysis of therapeutic effort in the direction of therapeutic sufficiency. To regard therapeutics as all-sufficient for the cure of cancer, for the removal of tumors, for the absorption of calculi or the removal of remnants of inflammation, is a position neither warranted by experience nor justified by *a priori* deduction. If the theory of therapeutic exclusiveneess be a counsel of perfection, it must be remembered that only stimulated by such an ideal conception have advances of therapeutics been made. To the stimulus of this idea we owe the law of similia itself; with all its train of results in limiting inflammations, retarding suppuration, eliminating diatheses and alleviating symptoms. Says a distinguished living neurologist: "Only by such a working hypothesis have facts been won from darkness to light, and the realm of knowledge widened, and usefulness increased." And if we failed in renewed research and experiment in the force and sphere of drugs, we should have the insistent voice of human appeal and public sentiment, which, stimulated by surgical triumphs, calls on therapeutists to justify their existence and extend their usefulness by similar brilliant successes.

Let us examine with scientific care the issues of experience as defining time and place for the physician and surgeon respectively; and finally let us consider the scientific basis on which therapeutics is founded, and the necessary limitations which they, as natural laws, possess.

In the *issues of experience* as regards the therapeutic treatment of surgical lesions, we will consider well attested facts only, available as scientific evidence. To save time, I will adduce only three, of whose verity I have personally assured myself.

CASE I.

I saw in the country a few weeks back, a middle-aged lady suffering from an ulcerating scirrhus of the breast, and which had been some years in existence. In six of these years, however, it had been prevented from spreading, the discharge almost banished, and the pain reduced to nil, by the local and internal use of *arsenic* and *hydrastis*. She was a woman in authority, with many servants under her, "none of whom," said she "have the least idea that there is anything amiss with me."

CASE II.

I was called in consultation some time ago to see a lady with obscure abdominal symptoms. She had previously been treated for cancer of the breast, evidence of which existed in the fact that the lung of the same side was infected. But of the earlier lesion scarcely a trace remained. The axillary glands had disappeared, the swelling of the arm had gone down, the pain had ceased, and the breast itself had returned to its normal size and density. It is true that the lung was infected; it is also true that during the time the patient was under treatment, the mammary lesion had thus been controlled.

CASE III.

A lady aged 50, seen in the consultation with Dr. Dyce Brown. Here there was a huge abdominal swelling, with history of recent peritonitis, the base of the left lung dull, aphthæ in the mouth, pulse 120, and some constipation. In view of the abdominal deposit and tumefaction, a diagnosis of exciting cause was deferred, although pretty well surmised. After a series of cardiac and gastric crises, the patient recovered sufficiently to leave her bed, to walk about the room, to sleep well, to enjoy her food, and to have absolutely no pain. The abdominal tomor now being more defined, exploratory section was made, and the existence of sarcoma placed beyond question. This was at a time when the most surprising advances had been made in general bodily condition.

The existence of these results proves merely that, in the adduced cases, disappearance or limitation of lesion followed the use of certain therapeutic measures. So, as a single exception is fatal to an induction, we cannot accept as a scientific fact that lesions carefully diagnosed as malignant are universally outside the pale of drug influence. But from the rarity of this occurrence we may establish the generalization that malignant lesions, removable by drug influence, belong to a type rare in its occurrence, but possessing no differential symptomatology from those which are incurable.

These results obtain attestation in a new and most interesting manner. We are indebted to the most enterprising surgeon of the day for the following facts:

"I have seen," says he, "a myoma disappear after an abdominal section intended for its removal, where nothing was done except handling the tumor, with the result of deciding that it was immovable. This experience has been recently confirmed abroad, where, in Vienna, a case of myofibroma of the uterus was shown under the following circumstances: The existence of the tumor being known, a laparotomy was performed, and a large solid tumor found, as large as a man's head, solid and quite immovable. As operation was futile under such conditions, the abdomen was closed. When the patient was examined fourteen days later, they were astonished to find the tumor shrunk to half its former size, being no larger than a child's head, and it had also become movable. The tumor continued to lessen in size until finally it became no larger that a man's fist."

"I know," says Tait, "of several cases in my own practice where such disappearances have been completely effected; unfortunately I know of a much larger number where no such result has been obtained."

Tait relates another case where a cholecystotomy, an operation not involving parts anywhere near the uterus, resulted in the diminution to one-third of a large fibroid reaching nearly to the umbilicus.

I have recently watched, with Dr. Madden, a case where simple exploratory incision was sufficient to terminate a series of hectic symptoms, and at the same time cause to vanish a large pelvic effusion, the *fons et origo mali*. And Dr. Madden further informs me of a case seen some years ago with Lawson Tait, where cancer of the gall duct, a condition precluding anything but exploratory section, had, some time after, quite vanished, and defied the gloomy prognosis given after operation.

ON THE SCIENTIFIC BASIS OF THERAPEUTICS AND THEIR LIMITATIONS AS NATURAL LAWS.

In one of Herbert Spencer's most philosophical works is the following striking para-

graph, which may fitly be transposed as the cry of the therapeutist: "Give us a guide," cry men to the philosopher. "We would escape from these difficulties in which we are entangled. A better state is even present to our imaginations, and we yearn after it, but our efforts to realize it are fruitless. We are weary of perpetual failures; tell us by what rule we may attain success."

Gentlemen, I must here reiterate my assertion that the law of similia is the only natural law of amplitude hitherto enunciated in therapeutics; and that like all other natural laws it has its limits and conditions. The essential condition of its operation is that the symptoms of the disease shall be exactly paralleled by the symptoms produced by the drug. Were these conditions exactly and thoroughly in harmony, it logically follows that the drug would always cure. Pushing the hypothesis a little closer, the greater the similarity the nearer the approach to identity, and recent experimental observations bear out the validity of this view. Koch's tuberculin, or as potentised by Burnett, is a sample; but the most striking parallel is furnished by spectrum analysis. Thus the D lines in the spectrum, in place of appearing as yellow bands, are simply exactly neutralized and blotted out when the rays from sodium vapor traverse another mass of sodium vapor, detached but exactly similar, to the first.

Among the limitations of therapeutics, the first is that conditioned by the necessity for the drug and disease action to be as similar in manifestation as possible; and this necessarily implies that the forces which express themselves as bodily symptoms shall be similar, even to identity. But we cannot know bodily forces except by their manifestations; their intimate nature we can never know. As homœopathy thus resolves itself into a similarity of forces, and as we can only know these forces by their expression as symptoms, we often find that two drugs or two diseases will produce symptom-series nearly exactly similar, but of widely differing real nature. See, for example, the mimicry of symptoms due to tissue degeneration by those resulting from functional neurosis. Until we can be assured then not only of the exact harmony in symptons, but also of the harmony in nature, of drug and disease forces, our application of the law must often be erroneous.

The next limitation is due to the variations in the law of correspondence correlating disease symptoms and drug provings. The similarity between the effects of certain drugs and the symptoms of certain diseases almost approaches identity; examples of which we see in *arsenic* and some forms of cholera, and *belladonna* and some forms of scarlatina. But from exact parallels such as these the variations increase, till at length we have collated many drug provings not corresponding in their entirety to disease, and very many disease effects not paralleled by drugs. We know no drugs nor combinations of drugs that have as their effects such common lesions as fibroid of the uterus, cyst of the ovary, scirrhus of the breast, or sarcoma of the kidney capsule. It is not legitimate to found homœopathic practice on the statement that if the provings were carried sufficiently far, these results would ensue; for here we leave the safe ground of proven result for the uncertainty of speculation. A proven and a re-producible parallel between disease symptoms and drug provings is the scientific basis of homœopathy; but the moment we leave this safe ground we venture into regions beyond the homœpathic law and outside its sanction. In some instances a limited analogy has been established. I need not recapitulate Mr. Knox Shaw's erudite demonstration of this morning, or Hutchinson's discovery of arsenically produced epithelioma, or Berry's demonstration of the magnesic and calcareous antecedents of bronchocele. These are scientific facts, and justify drug exhibition; but expectatiou from analogy does not carry with it the necessary warrant of homœopathic similarity. I do not say that it is not within the sphere of chemical bodies to eventuate in these lesions; on the contrary, I think it highly probable, but, as yet, because we lack the provings, we are in exactly the same empirical mist as the old school; and our results in the treatment of neoplasms are little better.

The third limitation of therapeutic effect arises from the oft forgotten fact that we cannot transcend nature. When we introduce drugs into the organism we carry therewith no new force which, permeating the organism, cures in its integrity; but forms of force which act upon pre-existing bodily energy through the medium of molecular transformation. And the effects of our drug are simply different combinations of vital energy, limited by the possibilities of the tissues. Thus we cannot produce absorption where

there are no lymphatics, nor hypertrophy in encapsuled masses with no blood supply, nor co-ordination in tumors where there are no nerves, nor reproduction of organs or limbs that have been removed.

Curative processes must always be conditioned by certain physiological constants; and to determine if a given lesion is within or without the pale of possible physiologcial recovery is the province of the physician, varying from age to age as new successes are recorded.

Gentlemen, I will conclude by advancing a series of general propositions, all of which are capable of demonstration.

1. Neoplasms, both benign and malignant, have been observed to disappear under certain conditions.

2. This result is relatively rare; and cannot in any given case be with certainty prognosed.

3. The absence of tumor formation in drug provings is a serious bar to the curative use of drugs in cases of neoplasms.

4. New growths are often the outcome of a complex series of influences resulting from temperament, race, environment, diet, work, and mental harass.

It is unwise to expect to eliminate a result, without at the same time taking measures to neutralize the existing causes; which so long as the relation between antecedent and consequent exists, will always eventuate in bodily defect.

From Homeric times the work of the physician has been viewed as a measure of public safety:—

> "A wise physician, skilled our wounds to heal,
> Is more than armies to the public weal."

DISCUSSION.

Dr. BODMAN said he did not remember that Dr. Burford drew attention to the value of the homœopathic treatment in preparing patients for operations, which in his opinion was very great. As an illustration, he might mention the case of a lady who consulted him for a little growing fibroid in the uterus. She had gone about with it for a very long time up to last September, when she consulted him. She had called in a surgeon with a view to an operation, which he declined to carry out, on the ground that her general health and condition were so bad that it was impossible to operate with any expectation of success. After three months' homœopathic treatment she improved so much in general health that the same surgeon saw her again and undertook the operation, which was most successfully performed; the manner in which the patient recovered and gained her health being a matter of surprise to the surgeon and all who saw the case in the hospital. In that case he thought the preservation of life was as much due to the homœopathic treatment and the skill of the physician as to that of the surgeon. They had here an illustration of the great use of homœopathy in the preparation of patients where an operation was inevitable.

DR. GOLDSBROUGH said he had always regarded the physician and surgeon as twins, indeed, almost as Siamese twins, and he was a little surprised to hear the possibility suggested of doing away with either. It seemed to him that they had to work hand in hand. Dr. Burford referred to the almost identical correspondence between drug action and disease, which they were bound to look for in choosing their remedy. True; but they did not look to that for the explanation of the action of the drug, and it seemed to him that they had to study more minutely and more carefully the reaction of the organism in itself, the totality of the patient's state against the action of the drugs, if they were to get success in the early manifestation of what finally turned out to be surgical lesion.

Dr. EDWARD MADDEN remarked that without attempting to discuss fully so able and philosophic a paper until he had been able to digest it at leisure in the printed record, he would just like to say this—that while no doubt the elements of the therapeutic action were as Dr. Burford had stated, they still looked forward to extending, or perhaps he should rather say reducing, those elements by further experience and knowledge of drugs. Thus, while they were told that it was possible for nature to bring about a cure of what was apparently a foreign substance to itself simply as the result of an exploratory incision, the fact of course proved that it was not really a foreign substance to the organism, but that the changes took place through the connection between the nerves and blood vessels of the tumor and those of the rest of the body. While that was so, it ought, and he believed it would, become more and more possible for them to discover drugs which would influence

the organism to take on that reaction without the necessity of the exploratory incision or other operation. While, therefore, they were very thankful that surgery was advancing in the way it was, and that they, as homœopaths, were able to share this progress, he still looked forward to the increased knowledge of drugs reducing the number of cases which they had to hand over to the surgeon.

Dr. Hughes said he might mention one important matter bearing on the paper, with the main drift of which he entirely agreed. At the late Congress in America, Dr. Betts, of Philadelphia, stated that he had consulted as many as possible of his fellow practitioners as to whether they had ever, in their practice, seen any neoplasms in the persons of those who had been under homœopathic treatment from their youth up, and the answer was, from one and all, that they never had. Well, one must not build too much upon that, but the natural inference from it was this—that whenever those patients had any symptoms of things going wrong with them, those symptoms had been treated homœopathically upon the usual indication, that the morbid changes had thus been overcome while they were still fresh and young, and so never went on to become organized in the form of new growths. This, although not scientifically demonstrable, was sufficiently plausible in appearance to encourage them to treat homœopathically in the early stages, with the hope of effecting a cure in the first developments of disease. But at the same time he agreed with Dr. Burford that when once the changes had become organized it was a waste of time to treat them medicinally. They might succeed in one case out of five hundred, but in the other four hundred and ninety-nine the sooner the patients were operated on the better.

Dr. Hayward said Dr. Hughes had touched on a very important point. It occurred to him that they might even regret the excellence of Dr. Burford's paper, for one reason—that such excellent results, on such excellent evidence, of the recourse to surgery amongst them might possibly lead them to look forward too much to surgical assistance. As young men, they had a tendency to see that surgery held out a grand field for their enterprise, and that they would all be surgeons. He believed that in their younger days they were all really surgeons, and disposed to believe that surgery was the thing. Gradually they had come to see that the constitution needed other treatment besides surgery. Dr. Hughes had hit upon the very point—the origin of the necessity for surgery, and he quite believed with Dr. Hughes that in these early stages was the time when the physician might render potent and valuable aid. He (Dr. Hayward) thought they must not look for the production of the neoplasm by medicine. They must look for the general condition of the body which produced the neoplasm. As Dr. Hughes remarked, the homœopathic treatment of patients in general prevented the growth of these neoplasms, and the need for the intervention of the surgeon. He hoped that Dr. Burford's paper would be taken into very careful consideration, and that it would not lead them all off into surgery, and he warned the younger men amongst them not to think of all becoming "Burfords" because surgery was so successful.

Dr. Burford said he would not venture upon any lengthened reply, but would content himself with one or two remarks in reference to what had fallen from Dr. Hayward. If there was one thing more than another upon which he prided himself in the construction of his paper, it was that he had put the physician first, and first, and first again, and left the surgeon out in the cold. The direction of progress which he had indicated was that if they were to improve their therapeutic measures their surgical procedure might be left to take care of itself. He thought the tendency of progress so far as one could forecast was in the direction of therapeutic rather than surgical increase in armamentum, and he put it as plainly as he could that it was to the physician they must look rather than to the surgeon for that universal grasp over neoplasm of this description that at present they failed to possess.

Dietetic Treatment of Bright's Disease.

Chronic Bright's disease is divided into three well recognized forms: (1) Chronic parenchymatous nephritis; (2) lardaceous disease of the kidney; (3) interstitial nephritis. (1) The first form may begin insidiously as a chronic disease, or may follow an acute affection. In either case the same rules of diet may be applied. As food an exclusive milk diet is generally considered to be the best, and the author would favor its employment, because it is easily assimilated, gives sufficient nourishment, produces less urea, and flushes the kidneys with a large amount of

fluid. When milk cannot in any way be taken, we are obliged to resort to broths and light farinaceous foods. As a beverage the author prefers pure spring water, of which several pints a day should be drunk. Pure or mildly alkaline water in large quantities is an excellent, unirritating diuretic. When milk is not well borne alone, it may sometimes be taken mixed with lime water, carbonic water, Vichy, etc., or as koumiss or peptonized milk. When milk is used pure, it had better be unskimmed, unless it produces digestive troubles, in which case it is best to skim it. From two and a half to four quarts are sufficient to prevent bodily loss. As a result of clinical experiments instituted by him, and which he details, and from the experience of others, the author believes that a milk diet notably diminishes the amount of albumin excreted by the kidneys. After a time an exclusive fluid diet may be productive of harm by causing an over-dilution of the gastric juice and too great an excretion of urine, or the symptoms of anæmia and exhaustion. In such cases, especially if the amount of albumin be small, the exclusive milk diet may be supplemented by a certain amount of farinaceous or vegetable food. If even this diet becomes objectionable, a small amount of broiled or roasted meat must be allowed daily, taken at an early dinner. Alcoholic stimulants throw more work on the kidneys and increase the amount of albumin excreted. They are, therefore, to be avoided, except when called for by certain symptoms, as exhaustion or the profound cerebral anæmia which so often accompanies uræmic symptoms. (2) The dietetic treatment of lardaceous disease of the kidney depends somewhat on its cause. If it be phthisis, the diet is that appropriate for this malady, without special reference to the renal disorder. When the disease which caused the renal changes has disappeared, the diet should be that advised for chronic parenchymatous nephritis. (3) In the dietetic treatment of this form of nephritis we must endeavor to prevent the accumulation of urea in the blood, and to make up for the loss of albumin. It is not possible to prohibit all nitrogenous food, but the amount allowed should be very small. Milk and cream should be given in abundance, and the other articles of the diet supplied from the vegetable kingdom. In advanced cases an exclusive milk diet must be employed, and the milk may be diluted with Vichy, if necessary, to render it more palatable. Alcoholic stimulants should be avoided as far as possible, except sometimes in the treatment of uræmic, as stated above. The author closes his paper with a series of quotations of the views of various modern writers regarding the dietetic management of chronic Bright's disease.—*The Am. Journal of the Medical Sciences.*

The Treatment of Sprains.

A half hour's douching with water at a temperature of 120° F., and the fixation of the joint by a splint on the flexor side of the joint, or upon the extensor side, if that be more convenient. For example, in case of ankle sprain, after a half hour's steady douching with hot water at 120° F., I prepare an anterior splint of 10 to 16 layers of mosquito bar, which is thoroughly filled by immersion in wet plaster-of-Paris. This is trimmed by spreading it on a board and cutting to shape with a knife. The length may be from 13 to 16 inches, breadth four to six inches. Where the splint passes over the instep the edges on each side are folded over to make the splint narrower and thicker. A layer of cotton is then spread over the face of the splint, and the splint is applied from the base of the toes to a point about half way up the leg and carefully secured and molded by a narrow roller bandage. While the plaster hardens hold the foot in whatever position is easiest to the patient. There is rarely any further complaint of pain if the splint fits neatly. This, with perfect rest, constitutes the whole treatment, which should continue at least a week, or until all extravasation is absorbed. Fourteen years' experience and observation of results obtained by other methods satisfies me that it is the best and most rational treatment.—*Medical Record.*

"**I observe** with pleasure that the verdict of general experience and common sense has been confirmed by scientific experiment in the matter of taking fluid with meals. Dr. Tev. O. Stratievsky, of St. Petersburg, after elaborate trials, has found that fluids materially assist the assimilation of proteids, and announces the following conclusions, which it is to be hoped no future experiments will controvert: On the whole, the widely spread custom of taking fluids during or just before one's meals proves to be rational and fully justified on strict scientific grounds. To take fluids with the meals is almost as important an adjunct to digestion as is the mastication of solid food preparatory to swallowing it."—*Mr. Hutchinson.*

Precautions in Using Cocaine.

1. The injections should be made with antiseptic precautions; the solution made with boiled or distilled water when about to be used. On filling the syringe the point should be rolled with cotton in order to filter the solution which passes into the syringe.

2. The injection should not be made when the patient has an empty stomach.

3. The patient should be in the horizontal position.

4. The patient's clothes should be loose.

5. He should be under the influence of alcohol, given a half hour in advance.

6. Persons who are suffering from a disease of the lungs, heart or kidneys, or have any cachexia, should be carefully watched, and in such cases the dose should not exceed 1 cgm.

7. Women are more susceptible to the action of cocaine than men.

8. As antidotes one may administer inhalations of ammonia, acetic acid or nitrite of amyl; effusions of cold water to the back and chest. Any alcoholic may be given, to which may be added five to 10 drops of ether.

9. The nitrite of amyl may be administered in pearls, which are boken when desired for use.

10. The syringe-needle should be introduced with the quantity measured in order to avoid injecting the solution into a vein and the pain of the puncture.

11. The hydochlorate of cocaine, in doses of five mgms. to two cgms., produces local anæsthesia sufficient to perform painlessly minor surgical operations.—*Dr. Oscar Amœdo.*

In four cases of universal pruritus Dr. Lange obtained a very prompt action from the use of sodium and lithium bicarbonate where the usual remedies failed. One of the patients, a 51-year old lady, otherwise in good health, suffered intensely from pruritus, which was especially localized in the genital region, and was so severe that her friends were afraid of her becoming insane or throwing herself out of the window in desperation. Under the above-mentioned alkali treatment and carbolic acid compresses her condition was improved so after a few days as to be bearable. In six weeks she was much better, and in three months she was so much ameliorated that no hypnotics were necessary, and she was practically cured. In two other patients an abundant deposit of uric acid and urates was present.

WORTH KNOWING.

A saucerful of shaved ice may be preserved for 24 hours with the thermometer in the room at 90° F., if the following precautions are observed: Put the saucer containing the ice in a soup plate and cover it with another. Place the soup plate thus arranged on a good, heavy pillow, and cover it with another pillow, pressing the pillows so that the plates are completely imbedded in them.

No means for exercising the body so as to strengthen the heart is comparable to ascending heights. The person subjected to this kind of exercise lifts the body from the ground, and thus does an amount of work equivalent to that of raising a corresponding weight of iron, for instance, with each step that he takes. Besides this, he brings many more muscles into action.—*Wm. A. Hammond.*

The strongest wood in the United States is that of the nutmeg hickory of the Arkansas region, and the weakest is the West Indian birch. The most elastic is the tamarack, the white or shellbark hickory standing far below it. The least elastic, and the lowest in specific gravity, is the wood of the *Ficus aurea.* The highest specific gravity, upon which in general depends value as fuel, is attained by the bluewood of Texas.

A new method of examining the liver, more especially its lower border, is to have the patient lie on his back, while the physician, sitting to his right on the edge of the bed, passes the four fingers of his left hand under the right hypochondrium of the patient, so as to press out the lumbar region, while the thumb, applied more anteriorly, makes gliding motions from below upward. If the patient now makes deep inspirations, the thumb will distinctly feel the lower margin of the liver.

Of the three turbinated tissues, the two lower are the ones usually involved in catarrhal inflammation, and, as they are in direct relation to respiration, their diseases are very important. The connective tissue and mucous membrane covering the two lower turbinated bones is very vascular, and constitutes a true erectile tissue. Turgescence of this tissue in catarrhal inflammation leads to obstruction, and frequent recurrent attacks of inflammation lead to permanent hypertrophy, and finally to hyperplasia.

In Operations on the intestines, where you wish to know which is the proximal and which is the distal end, place a pinch of salt on the intestine and, in the majority of cases, there will be peristalic motion, which will be from the rectum only.

Gonorrhœal Strictures are of slow development, never developing in less than a year and a half, at least, after the beginning of the urethritis. A traumati sm, on the contrary, whether slight or extensive, leads to the rapid formation of a contradiction.

"Vermouth," a favorite French liquor, is adulterated with hydro-chloric or sulphuric acid in order to give it a pungent taste. "Kirsch" is extracted from the leaves of the cherry-laurel, and contains as much as 22 centigrams of prussic acid per litre, instead of five or six centigrams. Rum is manufactured always with alcohol distilled from beet root, to which is added ether and formic acid. The "bouquets" of brandies are manufactured by the action of sulphuric acid on castor oil. The coloring matters employed are extracted from logwood, the elder, sorrel, fuchsine and coal. Such is the trash which is daily consumed by the Parisians.

Although believing that any long continued gastro-intestinal derangement may, by reason of interference with general nutrition, under favorable circumstances, become a predisposing factor to tubercular infection, I cannot ignore the fact that, in the majority of what may be called idiopathic cases, even when continuing for years and leading in time to severe constitutional impairment and cachexia, tuberculosis does not follow; and I incline more and more to the belief that the cases of so-called pretubercular dispepsia, or pretubercular constitutional decline, are symptomatic of incipient disease, as a rule due to infection of the alimentary canal.—*Dr. Ruck.*

At the Eustachian orifice is a hook-shaped scroll of cartilage, somewhat in the shape of the letter S, with the mucous surface in contact, so that the orifice is practically closed. This arrangement of cartilage acts as a valve and regulates the supply of air to the tympanum, and this is released by the action of the muscle that is inserted into the membrane and cartilage. In the act of swallowing, this muscle, the tensor palati, acts on the letter S scroll, unwinding it, and thus admitting the supply of air. Any obstruction to the free action of the muscle, or any pressure upon the valve-like scroll of cartilage, prevents the free opening and ventilation. Any enlargement of the turbinated tissue may so crowd upon the pharyngeal glands as to obstruct the orifice or interfere with free muscular action.

The answer to the question, Why does the shell of the lobster become red on being boiled? is that the salts which go to make the color in the shell undergo a chemical change by being subjected to the action of hot water. This answer can hardly be a satisfactory one to a person seeking specific information on the subject. It is, however, the only answer that can be given at present. The matter is one which has apparently excited more popular than scientific curiosity, for whereas the question has often been asked, it has not as yet received a satisfactory—that is, a specific—answer. It is a question for the chemist rather than for the naturalist, and that, probably, is the reason why it has not received more attention.

Recent researches have shed light on the question of the relations between bacteria and the infectious diseases. When we have established that certain bacteria are found constantly in this or that infectious disease, that they are never met in any other, that they can live and be cultivated out of the animal body, and that in this state they are capable of reproducing the disease, their etiological *rôle* is proved. This demonstration has been made for tuberculosis, erysipelas, tetanus and many of the diseases of the lower animals.—*Koch.*

The Value of Kumyss is beyond question, and the principal obstacle to its being used largely has been the difficulty of obtaining it and of keeping it any length of time. Reed & Carnrick have been carrying on for some time a series of elaborate and exhaustive experiments, endeavoring to determine the solution of the problem, and they have achieved success and have now placed before the medical profession KUMYSGEN, or *Carnrick's Kumyss Tablets.* They are prepared from pure sweet milk, and when added to water produce a palatable and nutritious effervescing kumyss. Kumysgen is a triumph of skill, and will greatly add to the reputation of a house already widely known for their dietetic products. We predict a large and steady demand for Kumysgen and regard it as the most important advancement in the dietetic line in many years.—*Dietetic Gazette.*

SOCIETY PROCEEDINGS.

STATE HOMŒOPATHIC MEDICAL SOCIETY OF NEW YORK.

Semi-Annual Meeting, Held at Buffalo, September 15, 16, 1891.

The 40th semi-annual meeting of the New York State Homœopathic Medical Society was opened at the lecture room of the Y. M. C. A., Buffalo, at 10 o'clock a. m., September 15.

Dr. F. Parke Lewis, President of the Society, called the meeting to order. After a prayer by the Rev. Thomas R. Slicer, Mayor Bishop welcomed the delegates to Buffalo and extended to them the freedom of the city.

President Lewis thanked the Mayor and called attention to the great advance made, both by the city and the profession, since the last meeting in Buffalo, fifteen years before.

After the reading of the Treasurer's report, the President's address was delivered. In dealing with his subject, the speaker first pointed out the nature of the law of homœopathy, defining it in its true relation to all other systems, and then presenting evidence of a practical character in support of its claims to superiority. He said:

"The fact that our practice is based upon law, makes of our system a science. Let it be made known that our great law—to which homœopathy owes its right to be—relates simply to the *therapeutic action of drugs*. It is founded on the belief that the only certain way to determine the action of drugs is by trying them upon the healthy, and carefully observing what tissues are affected by them. Our law of cure has materially modified allopathic practice. Let the public understand that, strictly speaking, there is no such thing as 'homœopathic medicine;' that no drug belongs by divine right to one school or another; that it is the principle upon which these drugs are prescribed, and that alone, that marks the homœopathic school of treatment and seals its immense superiority over any other school or schools whatsoever. We expound a specific and comprehensive law of cure.

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"There are in Buffalo about 299 old-school physicians engaged in the treatment of acute diseases. There are probably a good many less than that number, as many of the names in the city directory are unknown to me. But in order that the estimate may be entirely fair, I have given the old school credit for every doubtful name. There are 47 homœopathic physicians, every one of whom I know to be treating the diseases upon which these estimates are made. I have taken five widely different diseases, in which the effects of intelligent treatment should be most conspicuous. My records have been taken from the Bureau of Vital Statistics as filed with the clerk of Erie county. The proportion of old-school physicians is certainly not more, and is probably less, than six to one. The following is the record of deaths under the treatment of the two schools for the year ending July 1, 1891:

Diseases.	Old School.	New School.	Proportions.
Measles	44	5	9 to 1—
Cholera Infantum and Diarrhœa	370	40	9 to 1—
Influenza	62	6	10 to 1—
Pneumonia	528	41	13 to 1—
Croup	159	11	14½ to 1—

"In other words, the total number of deaths from these five diseases recorded by old-school practitioners during the past year is 1,163, while those recorded by homœopathic physicians were only 103. Multiply our record of deaths by six, to make the proportion even—and that number is too large—and we still have a death rate of but 618 to their 1,163, or a loss on their part of almost two to our one, while in such diseases as pneumonia and croup the proportion is very much larger. Hospital records show a like result in our favor. Is it, then, to be wondered at that homœopathy is growing with a rapidity phenomenally disproportioned to the increase in population throughout the country?"

President Lewis' address was listened to with great interest, and at its conclusion, by unanimous vote it was ordered that 5,000 copies be printed for distribution among the people.

Dr. A. R. Wright, of the Bureau of Clinical Medicine, reported two or three papers ready. The first was "Grave's Disease, with a Brief Clinical Study of its Causation," by Dr. Joseph T. Cook, of this city. Discussion followed, led by Dr. Couch, of Fredonia. A paper written by Dr. H. B. Minton, of Brooklyn, on "Tea in Derangements of Digestion," was also read by Dr. Cook. This closed the morning session.

AFTERNOON SESSION.

The first thing taken up in the afternoon was the Bureau of Surgery. This was under the chairmanship of Dr. J. M. Lee, of Rochester. The following papers were read, a discussion following each paper:

"Intestinal Obstruction," by Prof. James C. Wood.

"A Case Showing the Superiority of the Sliding Flap over Skin Grafting," by Dr. M. O. Terry.

"Vaginal Hysterectomy," by Dr. George S. Moseley.

"Abdominal Pregnancy," by Dr. J. M. Lee.

The Bureau of Gynecology, in charge of Dr. H. M. Dayfoot, of Rochester, was next brought before the meeting. The papers included were the following:

"Neuralgic Dysmenorrhœa," by Dr. B. S. Partridge.

"Neurotic Dysmenorrhœa," by Dr. S. I. Lee.

"The Radical Cure of Obstructive Dysmenorrhœa When Caused by Contraction or Curvature of the Uterus," by Dr. H. M. Paine.

"Sterility," by Dr. DeWitt G. Wilcox.

"Episeiotomy," by Dr. W. M. L. Fiske, but read by Dr. George S. Moseley.

"A Contribution to the Study of Penile Surgery," by Dr. Wm. Tod Helmuth.

Before adjournment the Secretary reported 83 members and 38 visitors present.

The Board of Censors reported the names of 40 new applications for membership.

SECOND DAY.

The papers of the morning session were:

"Morbid Fears and Imperative Conceptions: Their Homœopathic Treatment," by Dr. J. T. O'Connor.

"Therapeutic Notes on LaGrippe," by A. R. Wright, of Buffalo.

"Insanity Produced by Cases of LaGrippe," by George Allen, of Middletown.

"A Remarkable Case of Traumatic Insanity," by W. M. Butler, of Brooklyn. A few remarks by Dr. W. B. Roberts, of Evansville, Wis., were in the nature of discussion.

"The Use of Pyoktannin in Diseases of the Eye and Ear," by A. B. Norton, of New York. Discussed by J. L. Moffatt, S. N. Brayton, E. J. Bissell, Charles Deady and the author.

"Spasm of the Ciliary Muscle," by E. J. Bissell, of Rochester. Discussed by A. B. Norton.

"The Use of Ice in Iritis," by H. D. Schenck, of Brooklyn.

The Board of Censors reported 50 new members and an average attendance at this meeting of 125 people.

Resolutions of thanks to the Erie County Society for its hospitality were passed.

Adjourned.

A NATIONAL ASSOCIATION OF HOMŒOPATHIC SURGEONS.

The surgeons attending the Homœopathic Convention held a meeting at the Iroquois Tuesday night for the organization of a National Association of Surgeons of the Homœopathic School. Those present included Prof. William Tod Helmuth, of New York; Prof. F. H. Biggar and Prof. N. Schneider, of Cleveland; Dr. M. O. Terry, of Utica; Dr. G. S. Moseley, Dr. DeWitt G. Wilcox, Dr. H. C. Frost and Dr. A. M. Curtis, of Buffalo; Dr. Harrison Willis, of Brooklyn; Dr. R. W. Sherwood, of Syracuse; Dr. W. E. Denil, of Chattanooga; Dr. S. L. Hall, of Cleveland, and Dr. J. M. Lee, of Rochester.

Prof. William Tod Helmuth was chosen Chairman and Dr. J. M. Lee, Secretary. Drs. M. O. Lerry, J. M. Lee and H. C. Frost were chosen as Committee on By-Laws, and Profs. Helmuth, Biggar and Schneider were elected Advisory Committee and instructed to report at the next meeting of the American Institute of Homœopathy, to be held at Washington, June, 1892.

THE RECEPTION AND BANQUET.

On the evening of the first day of the meeting a reception and banquet were tendered to the State Society by the Erie County Homœopathic Medical Society, at the Chapter House. Everything that flowers and music and good cheer could contribute, together with the gracious attention of numerous hosts, combined to make it a brilliant and enjoyable occasion. The guests were received by a committee of ladies.

The arrangements and embellishments of the banquet hall were very artistic, and the letters in evergreen, "E. C. H. M. S.," embodied the initials of the Society, which may well be proud of its complimentary reception to its guests.

After the feast, toasts were responded to according to the following programme:

MEAT IS MUCH,
BUT MANNERS IS MORE.
Old Proverb.

So many heads,
So many wits.

MENTALIS.

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THE FUTURE OF HOMŒOPATHY.
THEODORE Y. KINNE, M. D.

Today's ideal we cannot reach;
For yesterday's we will not stoop.

2

SURGERY MODIFIED BY HOMŒOPATHY.
N. SCHNEIDER, M. D.

Strike or forbear; but if you strike, cut true.

Great truths walk hand in hand.

3

EDUCATION AND THE STATE.
HON. T. GUILFORD SMITH.

The work of a state, in the long run, is the work of the individuals composing it.
John Stuart Mill.

4

SCIENCE AND SURGERY.
HAMILTON F. BIGGAR, M. D.

Science is, like virtue, its own exceeding great reward. *Charles Kingsley.*

Science is a first-rate piece of furniture for a man's upper story, if he has common sense on the ground floor. *Oliver Wendell Holmes.*

5

THE PROFESSION AND THE LAITY.
WM. H. GRATWICK, ESQ.

Joy and Temperance and Repose
Slam the door on the Doctor's nose.
Friederick von Logau.

6

GAUDEAMUS IGITUR.
POEM.
WILLIAM TOD HELMUTH, M. D.

7

THE PICTURESQUE IN MEDICINE.
HENRY R. HOWLAND, ESQ.

The exquisite is always hidden.
Joseph Roux.

8

THE THOUGHT OF TODAY. THE NEW AND THE OLD.
REV. THOMAS R. SLICER.

Take in the ideas of the day,
Drain off those of yesterday.
Bulwer-Lytton.

Perish the man
Who said our good things before us.

The President, F. Parke Lewis, in a few pleasant remarks, introduced Dr. Asa S. Couch, the "Magister Ceremoniarum." Rising, Dr. Couch said:

Mr. President, Ladies and Gentlemen:

I have no experience—am barren of an observation even in that direction—but I have been informed that when a ship standing upon the ways has its props knocked away, and it is let down into the water, it is said to be "launched," and that generally as many huzzas attended the launching of a 60-ton sloop as that of a 6,000-ton steamer.

I need not say that I feel myself fully launched upon the sea on this occasion, but while it would be much less embarrassing, delicacy to him who has so eloquently and with so many kindly compliments conducted the ceremony, forbids that I make allusion to what I know to be my actual tonnage and measurement.

You will, however, agree with me that "justice should be done though the heavens fall," especially if you are permitted a choice in the alternative, and justice demands that I acknowledge an obligation to my good friends in Buffalo.

Like all newly launched craft, I am without masts, sails, cordage or rigging, machinery, cargo or ballast. In this inchoate condition I find that even the provisions for my short voyage, the toasts and their appropriate supplementary sentiments, have been supplied by colleagues here, and largely, if not wholly, I suspect, by the President and his cultured and amiable wife. So, according to the later American rule, home goods must still float under foreign flags. I will not follow this last thought further lest it lead into politics, which would be in bad taste on an occasion like this, and especially in a city where both parties are so wisely reticent and so generously forbearing as in the great, growing city of Buffalo.

But, ladies and gentlemen, I feel a right glad springing in my life that I am permitted to participate in this reunion tonight. It is predicated upon two grounds. The first is that it is always a pleasure to "touch elbows" with our fellow-creatures in an advancement of that which is good, and the second is a joy that this influential city should furnish such a gathering in the interest of an impression upon the public mind.

What does this assemblage represent? That is the question which will be asked, and as through that great agency, the press, the details are spread far and wide, the question will be many times repeated, and an answer must come—it cannot be suppressed—and it will be that so much culture and intelligence can only represent a living issue in the interest of mankind. Of course this will be denied by some, but that is to be expected, for every reform has to meet its opposers. Every new wave in the world's development will find ignorant scoffers who must be submerged in its advancing tide.

Many soldiers in the ranks of reform are filled with bitterness at those who resist its advance. Such soldiers should be placed in the rear rank, for they do not wear that invin-

cible armor of philosophy which holds the knowledge that opposing ignorance, though not a fascinating, is after all an admirable thing.

Without coup and recoup, reforms would languish and development would die. Not even charity is required towards Philistines, only patience with the laws which the Great Father has placed as the natural environment of all progress.

The trouble with many reformers is that they are apt to become arrogant, if not egotistical. It seems almost incomprehensible that the man of increased knowledge should become self-sufficient, for an increase of knowledge is generally a basis for modesty instead of egotism. The trouble is that the reformer of today becomes the fossil of tomorrow. One reform has exhausted his capacity, and he thinks perfection has been reached. He is not broad enough to understand that what is wisdom now may be blind ignorance hereafter. He laughs at the plowman who has to turn his share to strike a second furrow; but if he could both hold the world and allow it to proceed upon its lines of projection for 100 years, and then bring a denizen to behold the contrast, he would probably be angered at the more æsthetic but no less rippling laughter of his visitor.

The fact is, reform will follow reform in the making of this world's history, until that which stands today as the greatest pride in her most eloquent eulogist will have been passed as rubbish to fill her waste places.

So jealousy is out of place, rancor is out of place, in the best heart of the dear world.

The good and the bad, the wise and the unwise, must continually follow each other and change places in the march of events, and the wise philosopher will let this song of the unknown poet fill his soul:

"Patience! God's House of Light shall yet be built
In years unthought of, and to some unknown song."

Long-continued and hearty applause followed the close of the "Magister's" remarks. As soon as he could make himself heard, the toastmaster introduced Dr. Theo. Y. Kinne, of Patterson, N. J., President of the American Institute of Homœopathy, who spoke to "The Future of Homœopathy." With his usual felicity Dr. Kinne presented a flash-light picture, as he called it, of the future. Said he: "Ever since the birth of our school men of the other schools had said it was dying. Yes, it has 'died' from its start of one practicing physician to a constituency of over 14,000 homœopathists."

Dr. Wm. Tod Helmuth, our poet laureate, in a happy manner which can be appreciated only by those who have heard him, gave the poem of the occasion. He kept the company in continuous roars of laughter. His aside on "Cantharides" as "the only fly that bites after it is dead," was particularly taking. The poem was as follows in full:

"GAUDEAMUS IGITUR."

'Tis midnight now, and curious thoughts are weaving
Mysterious spells athwart my dreamy mind,
Which drowsily is in the distance leaving
The world, the joys, the follies of mankind;
And as I ponder o'er the mighty past,
With ghostly memories my spirits teem;
Now forms grotesque are rushing o'er me fast,
And fairies come to lull me to a dream.

'Tis not a dream of love, as Dido fain
Would pray to rest upon her anxious brain,
When faithless son of old Anchises swore
Eternal friendship, and then fled her shore.
Nor such an one as Œnone, whose charms
Awhile brought faithless Paris to her arms,
Would raptured wake from and would wailing cry,
"Many-fountained Ida, harken ere I die!"
'Tis not a dream of horror, crime or blood,
As told of Aram by the poet Hood,
But one in which compounders of new pills,
Doctors for patients making monstrous bills,
Female physicians, literary hacks,
Charlatans, empirics, regulars and quacks,
A wild, incongruous and motley mass,
Stand by to see a grand procession pass.

A youth moves forward, bearing proud on high
A torch of "Bark" and "Pitch of Burgundy,"
While in "Etherial" air from founts obscured,
With golden spouts, "Ol Terebinth" is poured,
Which, ceaseless streaming on the flickering fire,
Creates new brightness never to expire.

Then there appears Old Chiron in the van,
Medicine's instructor—partly horse, part man.
His noble front is bound with leaves of fig,
His locks anointed with "Ol Croton Tig."
With vig'rous tail he slays the flies that tease,
While imps of "Sheepskin" shout, "Cantharides!"

His pupil next, great "Æsculapius," see;
With grace sublime, he sips strong "Catnip tea."
His daughter "Hygeia" near, with tresses loose,
Divides her time 'twixt "Apple Sauce and Goose,"
While "Shining Mercury" o'erhead doth flit,
Bearing his son in arms, pale "Chloride Mit."
But O! what grace, what dignity is seen
In "Galen's" bearing, as he moves supreme!
One mighty arm supports a "pail of tin."
With "Lime" and "aqua pura" mixed therein,
While on his shoulder rests a "sulptured hod,"
Rich with "six livers from a single cod;"
And thus prepared he joins, with master art,
Those structures fair, disease has torn apart.

"Four patent legs" a "flaxseed cushion" bear,
On which there rests a "carbuncle" most rare.
The gem a dragon guards with iron teeth—
"Noli me tangere," the motto 'neath.

In solemn state "a hundred donkeys" pass,
Ladened with "Tumors well preserved in glass."
A Hottentot with setons in his ears,

Bearing Koch's Dead Tuberculine, appears.
The tubes are covered with a somber pall
On which is written, "He hath fooled us all."
Ten tottering graybeards tote a tin petard
Inscribed, "Catholicon of Brown-Sequard."
They chant this song in tones of deep regret:
"We've taken tons, but have not got there yet."
But, lords supreme of all who move before,
The doctors come, the heroes we adore;
Ancient sarcophagi encased with dust,
With old traditions filled and moist with rust.
Their chariots form, the glowing wheels of brass
Creating deafening thunder as they pass.

Then over all falls deep Cimmerian gloom,
And I behold the yawnings of a tomb
So vast in size mine eyes can scarcely see
The full extent of its capacity.
The whole procession, with convulsive din,
Wavers a moment, and at once falls in,
While from the earth, the air, the skies,
Clad in the draperies of Truth, arise
A host of men, true, honest, strong and brave,
Who close the sepulchre and seal the grave.
And then I see, in new effulgence bright,
A Buffalo reporter here tonight.
I cry aloud, "O Paragon of Truth!
What awful accident is this, forsooth?"
He smiles and says, "It is—my words are true—
The burial of the Old School by the New."

I woke and thought—this may be only fun,
But, 'pon my word, the thing is almost done!

The last toast of the evening, "The Thought of Today: The New and the Old," was responded to by Rev. Thomas R. Slicer in a most happy vein, and the most enjoyable occasion of the kind that Buffalo physicians have known for years, came to a close.

$30.00 IN GOLD TO MEDICAL STUDENTS.

THE MEDICAL ERA will give $30.00 in gold to any medical student who sends the best report of a lecture on materia medica delivered in any Homœopathic Medical College in the United States. This offer is open to all.

CONDITIONS.—The report must be made by the student, without aid from others. It must be sent to the ERA on or before Dec. 15, 1891. The lecture must be devoted to the consideration of some drug or drugs of the homœopathic materia medica. The tests of merit will take into account the general excellence of the manner in which the lecture is reported, as well as the judgment of the student in selecting a lecture which shall be instructive and convey useful information to the reader.

The reports will all be published in the MEDICAL ERA, after which the award will be made. Medical students who wish to take advantage of this offer should at once send name and address on a postal card to

THE MEDICAL ERA, *Ann Arbor, Mich.*

COLLEGE NOTES.

CLEVELAND.

CLEVELAND MEDICAL COLLEGE.

Prof. Jones says:—I never saw a patient recover from a temperature of 106°.

Prof. Miller says:—I believe the radical operation for varicocele is no more than palliative.

Dean Jones says:—In fevers the temperature is a more reliable guide than the pulse.

Prof. Kraft says:—If I were restricted to one remedy for boils, that remedy would be Natrum muriaticum.

Prof. Jones says:—If in typhoid fever, the pulse get above 120 per minute, I always have grave apprehensions as to the final issue.

Prof. Jones says:—The vomiting of pregnancy, which is at first sympathetic or reflex, may superinduce gastritis, go on to ulceration, and even to perforation and death.

Dr. Merrick says:—I do not believe the currently accepted theory that slobbering is the first symptom of approaching dentition; but, rather, that it announces the awakening activity of the salivary glands.

Prof. Jones says:—Anyone nauseated for a considerable time will vomit bile, if he vomit at all. It does not necessarily indicate disease of the liver, as is generally held by the profession; it may result from antiperistalsis, be stercoraceous.

Prof. Jewett says:—I believe the teaching of the future should be and will be that the line of direction through the birth-canal, instead of being along Carus's curve, is along the produced axis of the inlet to its intersection with the produced axis of the outlet; thence, at right angles to the former, along the latter to the outlet.

Prof. Baxter says:—A homœopathic remedy is one which will produce upon the healthy human organism a condition similar to that pathological condition for which it is prescribed; it is homœopathic to that particular case, and the cure resulting is a homœopathic cure, whatever the dose. Conversely, a remedy given in a condition not similar to one which it will produce upon the healthy organism, is not a homœopathic remedy; and no amount of attenuation will make it such.

Prof. Jewett says:—With advancing civilization sterility, or sexual degeneration, accompanied with deterioration in the physical and mental quality of the race, is frightfully

on the increase. And, as this fact concerns both the perpetuity and evolution of the race, there is before each of you an inviting and important field,—one in which you can win honor and fame for yourselves, and confer a permanent blessing on the race. If you would thus distinguish yourselves and bless humanity, search out the causes of sexual sterility.

Prof. Viets says:—The science and art of fitting glasses is a very important study. It has been thoroughly demonstrated that eye-strain is the cause of many headaches, spinal affections, epileptic seizures, persistent nausea, etc. Many of you will locate in small cities and towns where there are no oculists. Now, the ability to prescribe glasses to relieve eye-strain and thereby cure the chronic cases which have baffled the skill of physicians of all schools, gives you a reputation and increases your business. Let me impress upon every member of the class the practical significance of this study.

CHICAGO.

HAHNEMANN MEDICAL COLLEGE.

Prof. Gilman says:—Aconitine is very useful when used as an oleate in some forms of painful inflammation, and especially that of the sciatic nerve.

It is well to give one of the tissue remedies in addition to the one particularly indicated, especially if there be wasting of the tissues.

As a stimulant for threatened heart failure, give aromatic spirits of ammonia. From a preparation of a small teaspoonful in half a glass of water, give teaspoonful doses every few minutes.

Prof. Fellows says:—I have had better success with Gelsemium than with opiates in relieving the severe pains of locomotor ataxia.

Prof. Bailey says:—In cases of Amenorrhœa, with skin eruption, Graphites is more valuable than anything else, even if the eruption is not that characteristic of the remedy.

Prof. Leavitt says:—Chloroform predisposes to post-partum hemorrhage. It should not be given except in the last stage of labor.

Prof. Bailey says:—It is a fact not generally known that most diseases peculiar to women begin outside the uterus, one-third beginning in the bladder and rectum.

Prof. Vilas says:—One-half the cases of blindness come from some form of conjunctivitis. This is due to the fact that the general practitioner does not always know how to treat them.

ANN ARBOR.

UNIVERSITY OF MICHIGAN.

Prof. Mack says:—In treating a patient with gastric or duodenal ulcer, remember the experiments upon lower animals with Vranium (or its salts) and with Podophyllin. There is record that the former of these drugs, sometimes given by the stomach and sometimes given hypodermically, has repeatedly caused gastric or duodenal ulcer in these animals, and that Podophyllin injected into the peritoneal cavity has caused such ulcers. Short of ulceration the former drug caused reddening or hemorrhagic spots or a friable condition in mucous membrane of stomach or duodenum, and Podophyllin exerted "a special influence of an irritant kind upon the mucous membrane of the intestine (usually of the small intestine only)."

Alkaloids are so called from the fact that in certain chemical properties they resemble alkalies. It is not in plants alone that alkaloids exist; ptomaines resulting from decomposing organic matter are alkaloids. Some of the alkaloids, apparently identical with those found in nature, have been synthetically made by chemists. Most alkaloids, though not all, are active poisons. Alkaloids in plants are proximate principles, and exist as the bases in salts, each of which salts usually contains an organic acid peculiar to the plant in which the base is found. All alkaloids contain carbon, hydrogen and nitrogen. Generally such as contain these elements only are liquid and volatile. Those alkaloids which contain oxygen (as well as carbon, hydrogen and nitrogen) are solid at ordinary temperatures, and are *fixed* instead of volatile.

Of eight provers of Xanthoxyhem fraxineum, six were women. Of these six women four record effects peculiar to their sex; three record that the menses appeared too early by from two to eight days; one records that there was profuse flowing; two that there was severe pain in right ovarian region; one records a bearing-down feeling; two record a milk-white leucorrhœa.

In a lecture devoted to the "Significance of Pain in Diagnosis," Professor Wood said, as regards pain in the *lumbar region:*

Pain in the back is a symptom which is perhaps oftener complained of than any other in uterine disease. It may be the only manifestation of such disorder, and is, probably, purely reflex. It is to be differentiated, when

reflex, from 1, lumbago; 2, disease of the vertebræ; 3, disease of the kidneys; and 4, abdominal aneurism.

In *lumbago* the muscular effort is painful, so that the patient finds it difficult to stand erect, and even impossible to stoop forward.

The clinical history of *disease of the vertebræ* is important; that of traumatism or constitutional bias is rarely absent. There is usually tenderness upon pressure over the affected part and other local evidences of deformity and disease.

When *kidney disease* is suspected, the only safety rests in a careful examination of the urine.

Abdominal aneurism is a disease of middle life, and occurs oftener in males. The physical signs of aneurism are usually present.

Prof. Gatchell says:—In fevers if you find the pulse going up and the temperature falling, it is a bad sign, and almost invariably calls for a grave prognosis. Death is not far off. Pulse and temperature should rise and fall together.

The diagnosis of cerebro-spinal meningitis is usually not difficult. The following group of symptoms, or most of them, will generally be present: Stiff neck and opisthotonos; headache; stupor; inequality of the pupils; irregular pulse; irregular breathing; vomiting; sunken abdomen; constipation. In this disease the pulse is an important sign on which to base a prognosis. Even though the patient may appear to be doing well in other respects, if there is an irregularity in the succession and force of the individual pulsations, it calls for a guarded prognosis. It indicates paralysis of the par vagus. The appearance of the Cheyne-Stokes respiration almost always calls for a fatal prognosis. It is also of grave import if the pupils fail to respond to the light.

Gelsemium is the most important remedy in the treatment of cerebro-spinal meningitis in the early stage of the disease. Give Gelsemium, and get the patient into a perspiration by putting him in a hot bath (104° F.) for 10 minutes, and then wrapping him in blankets. This will always be followed by free perspiration and a mitigation of all symptoms.

CHICAGO.

HOMŒOPATHIC MEDICAL COLLEGE.

Prof. A. G. Beebe says:—For fibroid tumors of the uterus, use internally the iodide of lime. This is not the calc. iod. of the pharmacopœia, but a preparation of *iodized lime*. He reports cures of several cases of uterine fibroids with this remedy. His prescription is: ℞. Iodide of lime, gro. V.; distilled water, Oss. Let the patient take a dessertspoonful three times a day; continue for weeks and months.

Prof. Foster says:—For the constipation of pregnancy, take a tablespoonful of flaxseed—the whole seed—soak it over night in a half glass of cold water. Let the patient drink this on rising in the morning. It will give relief in a majority of cases.

Prof. Pratt says:—For lupus, use externally the fluid extract of Sanguinaria Can. First remove hardened masses by the use of warm water, and then apply the Sanguinaria. Internally, Kali iod. may be given.

Prof. Grosvenor says:—Asclepias syriaca is very useful in post-scarlatinal dropsy. In a case where the urine was almost completely suppressed, the flow increased soon after giving the remedy.

Prof. Streeter says:—Three-fourths of all uterine diseases and displacements result from a want of proper attention and care of the health during menstruation.

Prof. Woodward says:—Bryonia is often more efficacious than Colocynth in cases of colic.

In Prof. Mitchell's clinic there was a cure of a case of Miller's asthma with Ant. tart. 3x, no other remedy being used.

A Good Suggestion.

We have received from a physician in California a letter in which he informs us that he has sent to G. Thornsteinsson, Gimli, in accordance with our appeal of last month, one copy each of Hughes' "Pharmacodynamics," Ellis' "Diseases of Children," Williams' "Diseases of the Eye."

This correspondent suggests that the ERA publish the names of books that are sent, in order to avoid the sending of duplicates. We shall be glad to act upon this suggestion. Correspondents will please send us the names of books that they have sent, for early publication.

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THE MEDICAL ERA receives *no subscriptions* through pharmacies, "agencies," or other journals. *No exception to this rule will be made.*

Changes of address cannot be made unless the old address is given as well as the new.

OBITUARY.

SAMUEL LILIENTHAL, M. D., of San Francisco, formerly Professor in the N. Y. Homœopathic Medical College, and author of "Homœopathic Therapeutics," died October 8, 1891, aged 76 years.

Dr. W. J. Clary, of Chicago, died October 9, aged 68 years.

Dr. D. A. Colton, of Chicago, died October 17, aged 70 years.

Southern Homœopathic Medical Association.

The next annual meeting of this Association is now near at hand. It meets at Nashville, Tenn., November 11, 12 and 13, 1891. Dr. H. R. Stout, of Jacksonville, Fla., is President. The sessions will be held in connection with the Homœopathic Medical Society of Tennessee.

All who can should attend this society, for the South is, as compared to the North, a new field, with lots of room, and the noble efforts that are being made by the homœopathic physicians of that part of our country to give the people the benefit of our mode of practice, should receive the help and encouragement of every friend of the school. The Southern Homœopathic Medical College, which has entered upon a prosperous career, will do much to this end.

PRACTICE FOR SALE. — A rare chance! Rare because it is now difficult to buy a desirable practice in California. This one is well established, and the incumbent is only leaving because he has received appointment to lecture in a medical college in another city. For particulars address THE MEDICAL ERA, Ann Arbor, Mich.

BOOK REVIEWS.

A TEXT-BOOK OF MATERIA MEDICA AND THERAPEUTICS. Characteristic, Analytical and Comparative. By A. C. Cowperthwaite, M. D., Professor of Materia Medica and Therapeutics in the State University of Iowa. Sixth Edition, entirely rewritten and revised; with Clinical Index. Chicago: Gross & Delbridge. 1891.

What better evidence than a "sixth edition" is wanted of the value that the profession attaches to Cowperthwaite's Materia Medica? This new edition, "rewritten and revised," worthily sustains the reputation of the work, which is probably today more widely used than any other book of its kind. The present edition contains several new features, which the author describes in the preface. The general analysis of the drug has been rewritten; doubtful symptoms have been expunged; new ones, known to be reliable, have been added; a section on "Therapeutics," indicating the diseases in which the drug may be useful, has been added. All these add value to the book, and we are sure the profession will show their appreciation, as they have in the past.

NEW MEXICO FOR CONSUMPTIVES.—The high and dry interior of our continent, comprised in the great table-land extending from the Great Divide, in Colorado, through New Mexico, and even to the City of Mexico itself, is not excelled anywhere in the world as a resort for consumptives. The altitude, the dryness, the purity of the atmosphere and the large amount of ozone combine to create conditions most favorable for recovery from all forms of phthisis.

GATCHELL'S MEDICAL DICTIONARY.

Practitioners of medicine who may be in need of a medical dictionary will find that this book will answer their purposes as well as a large and expensive work. One physician who examined it carefully said: "I looked in it for every unusual technical term in medicine that I could think of. In no instance did I fail to find the word that I was after. I was surprised to find how complete the work is."

It is the handiest ready-reference Dictionary that the practitioner can keep on his desk.

THEY SAY

THAT people like to be deluded.

THAT nine tailors make a man a pauper.

THAT the ossified man is dead; he died hard.

THAT a flea has no wings—and it does n't need any.

THAT there is no such thing as the bichloride of gold.

THAT the man who keeps his mouth shut never eats crow.

THAT the fakir always has a larger following than the factor.

THAT a tack points heavenward when it means the most mischief.

THAT people who ask advice only want their own opinions confirmed.

THAT the fool-killer has quit business since the the parachute man began.

THAT we tip the scales to learn our weight and tip the waiter to save a wait.

THAT there are very few people in the world who will ever get out of it alive.

THAT unless a man lives as high as he shouts, the less noise he makes the better.

THAT a man in New Jersey has invented a collar-button with a whistle-attachment.

THAT the man who never makes mistakes loses a great many chances to learn something.

THAT the physician who speaks but one language is yet familiar with many tongues.

THAT an exclusive vegetable diet causes early atheromatrous degeneration of the arteries.

THAT to avoid the appearance of evil doesn't mean that you must cover up your rascality.

THAT if corsets fill more graves than whisky, then women kill themselves by getting tight.

THAT the more impracticable and hopeless an ambition is, the more energy a fool will put into it.

THAT it is impossible to breathe through both the nose and the mouth at the same time. Try it.

THAT you should never put off till tomorrow what can just as well be done the middle of next week.

THAT one of the most expensive things in life is the reverse curve on the bottom of a champagne bottle.

THAT as soon as a man gets old enough to learn how to talk, he learns the value of not talking.

THAT the poet who wrote of the "germ of immortality" did not refer to a new species of microbe.

THAT if you want to know just how small a man is, you should let him become suddenly wealthy.

THAT the man who repeats everything he hears, after a while doesn't hear anything worth repeating.

THAT the famous hospital where consumptives were to be treated to a liquid diet has failed to materialize.

THAT drugs administered in hot water will have as prompt effect as when given by hypodermic injection.

THAT efforts are to be made to straighten the leaning tower, but some think the report is only a Pisa nonsense.

THAT the man who starts out to be a reformer must be prepared for all kinds of roads and some pretty rough weather.

THAT what in the beginning may have been regarded as only a side issue frequently turns out to be the main subject.

THAT heaven helps those who help themselves, but praying for your daily bread doesn't entitle you to the whole bakery.

THAT it takes a pretty mean man to get off a stale old joke on the medical profession before he has paid his last doctor's bill.

THAT it is very easy in the spring, when the apple-trees are in blossom, to promise a man all the apples he wants in the fall.

THAT the Hyderabad commission put corsets on some monkeys and then chloroformed them; the monkeys very promptly died.

THAT it is a superfluous injunction to tell a patient to shake the medicine before taking it; just imagine his shaking it afterwards.

THAT the sphinx got credit for being wise because it kept its mouth shut for three thousand years, and it is still working very hard doing the same thing.

THE MEDICAL ERA

COMBINED WITH THE MEDICAL COUNSELOR.

DEVOTED TO HOMŒOPATHY AND THE ALLIED SCIENCES

VOL. IX. CHICAGO, DECEMBER, 1891. No. 12.

CH. GATCHELL, M.D., EDITOR.

HOMŒOPATHY IN BELGIUM.

That it is not wise to grant a monopoly in public institutions to physicians who exclude homœopathists from fellowship and who have pledged themselves not to practice homœopathy, is a view which it would seem almost superfluous to discuss in the United States at this day. The correctness of this view is patent to legislators and sensible men the land over; it is called in question only by that exclusive body of physicians (and their followers) who have accepted as a large part of their mission in life the fruitless task of attempting to crush out of existence homœopathy and homœopathists. So common has it become in this country to grant to homœopathists privileges in institutions supported from the public funds, that we experience no unusual sensation when we learn that such privileges have been granted here in one or another public institution from which homœopathists had previously been excluded.

But we do experience a sensation quite new and certainly very agreeable when we learn of what has recently been accomplished in Belgium, and of what further it is hoped will be accomplished in the near future. From the *Monthly Homœopathic Review* of Oct. 1, 1891, we learn that the town council of Antwerp has decreed the institution of a public homœopathic dispensary; and that the Belgian government is discussing the advisability of having homœopathy taught in the Belgian universities. We are sure that the readers of the ERA will be interested in the details of the quotations, elsewhere made in this present number, from the *Monthly Homœopathic Review*. While in this country we enjoy in private practice the confidence of the intelligent and the wealthy, and in public institutions many advantages; we have been in the habit of assuming that, for the most part, European governments were far from ready to recognize homœopathy. The news which the *Review* brings us is very refreshing. We congratulate our Belgian brethren, and assure them that we shall watch with profound interest what progress they make in their undertaking.

MENTAL SUGGESTION.

Another man has brought himself to believe in the reality of "mental suggestion."

DR. J. OCHOROWICZ, of Paris, formerly professor of psychology and natural philosophy in the University of Lemberg, is a recent convert. One year ago he was a non-believer. To-day he believes. His conversion was brought about by having himself observed what he thinks to be an instance of its occurrence.

By "mental suggestion," in this connection, is meant the conveyance from the mind of one person to the mind of another a "thought" or an "idea," without making use of man's recognized senses. It means such conveyance—even at a great distance—by means of some occult power. A person who, at the time, is in his own house, *mentally* commands another person who, at the time, is in another house, which may be in a distant street in a remote part of the city, to perform a certain act. The person supposed to be so acted upon becomes conscious of the command and

performs the act. M. Ochorowicz has become convinced that this—and a great many similar things equally as marvelous—can be done. He asks others to share his belief. For our part, we must decline to do so. It is too much for human credulity.

For many years, although he was an earnest student of psychology, M. Ochorowicz was himself a non-believer. He says: "A year ago I did not believe in mental suggestion—not only did not believe in it, but the subject did not appear to be important enough to warrant a special study. Yet several times I had tested the alleged action of thought upon a certain number of subjects."

M. Ochorowicz then relates many instances of alleged cases of "mental suggestion," and explains them away in a most ingenious and plausible manner. In the course of his accounts he is led to make several very wise observations. He says: "The *unconscious* is the great prestidigitateur in hypnotism, and many a trick it plays upon us."

Again, in giving an account of the performances of Mr. Stuart Cumberland, he says: "Mental suggestion has nothing to do with it, but it is interesting and highly instructive to read the first reports of the newspapers. There we may see the difference between the experiments as *performed* and *described*, even when performed by scientific chroniclers. There, too, we may learn how small is the value of testimony when there is a question of a new and unknown phenomenon."

Again he says, very significantly:—"When there is a question of an experiment in mental suggestion, I put no trust in anybody but myself."

Well knowing, ourselves, "how small is the value of testimony," M. Ochorowicz will pardon us if we continue to act upon the principle which he, with so much caution, reserves for himself—"to put no trust in anybody but ourselves."

OPINIONS EXPRESSED.

Everybody who has given attentiou to the subject agrees that it is an unfortunate thing for a woman with valvular disease of the heart to become pregnant.—*Dr. H. C. Clapp.*

I must reiterate my assertion that the law of *similia* is the only natural law of amplitude hitherto enunciated in therapeutics, and that like all other natural laws it has its limits and conditions.—*Dr. G. H. Burford.*

This law of *similia similibus curantur* is not only a uniform law for the application of the curative powers of drugs other than mechanical, but is also the only possible law for the therapeutic use of drugs, since it takes cognizance of all the phenomena entering into the solution of the problem.—*Dr. W. W. Van Denburg.*

There is no such thing as "homœopathic medicine;" no drug belongs by divine right to one school or to another; it is the principle upon which these drugs are prescribed, and that alone, that marks the homœopathic school, and seals its immense superiority over any other school or schools whatsoever.—*Dr. F. Park Lewis.*

I never could understand how an intelligent man, acquainted with the ground principles of physiology, can believe in such transmission (a transmission of nerve-force from one individual to another), seeing that the student who has learned ever so little knows how vain, after a motor nerve has been severed, is the effort, the wish, the will to move the paralyzed part.—*Brown-Sequard.*

When we consider that the ends of the nerves may be 1-100 of an inch apart, or even less, and yet the will-power is unable to transmit across this gap, and that millions of nerve fibers lie in sheaths, separated from one another by distances of even less than 1-1000 of an inch, and yet the functions of one nerve do not interfere with those of another, it is impossible, then, to conceive how two people, even with their noses together, or looking into one another's eyes, as lovers do, can, by any possibility, except by conscious or unconscious agreement, understand one another's thoughts, or that one mind can influence another.—*Dr. S. V. Clevenger.*

ORIGINAL ARTICLES.

THE PHYSIOLOGICAL TREATMENT OF PROLAPSED FUNIS.

By JOHN C. MORGAN, M.D.
PHILADELPHIA, PA.

[Read before the International Homœopathic Congress, Atlantic City, N. J., June 16-23, 1891.]

GREAT and universal interest attaches, most justly, to this unfortunate accident of parturition. The instant and peculiar peril in which the life of the unborn child is thereby placed, the compromise of professional reputation, the indifferent statistical encouragement, and, withal, the sense of inefficiency of the authorized measures, and the difficulties met with in applying them, all conspire to render this occurrence one of trial to the accoucheur.

A number of devices have been offered for the replacement and retention of the prolasped cord above the presenting part, which are found, on application, to be "more easily said than done." Meanwhile, compression of the umbilical vessels is progressing to the fatal issue. Podalic version, with co-incident elevation of the cord, or the application of forceps, and speedy delivery, may save the life, but if the head (or breech) be at all engaged, the hindrance is serious. Besides, the forceps may not be at hand. The knee-chest position does wonders in facilitating all procedures of elevation, but, after all, the fact remains that a simpler and better method is needed. To discover that method requires a study of the mechanism of the accident. Due account has already been taken of such particulars as the excessive length of the cord, in some or all of the cases; of the sudden rupture of the bag of waters, and the gush of its contents, especially in the standing posture; the previous subsidence of the cord into the lower segment of the membranes, and the inertia of the uterus itself, which permits a displacement of this kind.

Little notice, however, seems to have been taken of the bony structures and form of the pelvis, beyond its excessive roominess in some. In a word, the very details which are most carefully studied, as to the descent of the head, as a large and almost rigid body, seem to be thought irrelevant, so far as the descent of the funis, a very soft, and otherwise different body, is concerned. Even before rupture of the membranes, however, the same anatomical details are clearly operative in both cases. I now refer to, 1st, *the slopes of the false pelvis*, above the brim; and 2nd, *the inclined planes of the true pelvis*. These are known to guide the vertex, or other presenting part of the child, into the cavity below.

And here let me say that many other manœuvres, natural and artificial, follow best a like route, namely, a *spiral* one. Placing the index finger on the front of the sacro-iliac symphisis, and following the slope across the brim, it naturally takes such a course, down to the posterior inclined plane. The removal of a retained placenta may further illustrate this; for by the spiral-rotation-movement, in obedience to this indication, the difficult dislodgement and removal usually become easy. On former occasions I have invited the attention of the American Institute to other instances. The descent of the funis is necessarily directed in the same curves. And here, let it be remembered that the bony slopes and inclined planes are cushioned with voluminous soft parts, and that these are richly lubricated; forming, as a whole, a spiral funnel, into which the uterine contents empty themselves. The predominent direction of this spiral is seen in the great frequency of the left acetabular position of the vertex. *Opposite curves* are found in the rectum and in the urethra, as shown by the direction in which their contents are emitted, as every country school-boy can testify, and as every anatomist should be fully aware, and every surgeon as well, particularly in catheterization, replacements, etc. The great significance and importance of this mechanism of *descent* plainly appear, in determining the conditions of successful *ascent*.

Every one who has attempted it hitherto seems to have supposed that the shortest and straightest line from the vagina to the cavity of the uterus is the proper route for the return of a prolapsed funis. This is a distinctly false impression. In part, a similar error obtains in the introduction of the catheter into the bladder, in the replacement of the retroverted uterus, of prolapsus ani, and of protruding hemorrhoids; and all of these errors need a similar correction. The spiral movement is to be followed in all. As to prolapse of the umbilical cord, the basic physiological principle is this, namely, to perform a spiral movement upwards, upon the *reverse* of the spiral inclined plane and curves of descent. In an anterior vertex presentation, it need

hardly be said it will be difficult or impossible to move it forward; whereas, on the posterior inclined plane, and iliac slopes, it will naturally tend upward.

The practical application of this physiological principle may best be given by reference to a case in practice, Mrs. X., multipara, had been in labor some time, without adequate attendance. On my arrival, I found the pains had ceased, but the liquor amnii had been discharged, and the condition of the woman was comfortable. There was an entire absence of fœtal motion. On examination per vaginam, I found the os completely dilated, and the funis hanging through it in a loop of about eight inches length, on the left side of the pelvis; the presentation being the left anterior of the vertex.

The cord was absolutely pulseless, and abnormally cool and flabby. It was scarcely possible that life remained, but no forceps were at hand, the duty to replace the prolapsed funis seemed plain, and the following procedure was carried out: Placing the woman's hips upon a high pillow, the first two fingers of my right hand were introduced into the vagina (taking advantage of a large opening, to crowd them, with part of my hand, well up), and then applied, by their palmer surface, to the front of the loop.

This was now pushed firmly and steadily, backwards and upwards, keeping the fingers always at the brim of the pelvis, and on reaching the left sacro-iliac symphisis, sweeping them, with the cord still in advance, over the sacral promontory, to the right symphisis, and thence, forward; constantly pushing upward, also. Quickly bringing the fingers again to the starting point, the soft edge of the loop was found still at the pelvic brim. The movement was repeated backward, right, forward, and still always upward, the last trace of it disappearing above the brim after several rapid repetitions. At no time was there any baffling, or movement to re-descend; but the continued manipulation brought on strong bearing down pains, the head became well engaged, and thus the last chance of re-descent was removed. Labor was soon after terminated. As was expected, the life of the fœtus was extinct. There is scarcely a doubt that an early and prompt application of this physiological method of replacement of the prolapsed funis would have saved it.

In case of need, the whole hand may be introduced into the vagina. A narrow os would require circular movements within the uterine orifice, pushing the cord as before. In case of hard pains, it should be protected between or beside the fingers.

AN IMPROVED METHOD FOR THE REPAIR OF COMPLETE LACERATION OF THE PERINEUM.

By W. E. GREEN, M.D.
LITTLE ROCK, ARK.

I RECENTLY performed, with perfect results, the following modifications of the flap, or Streeter method, in an extensive and complete laceration of the perineum. The perineal body was completely destroyed, the sphincter muscle torn entirely in two, atrophied and contracted, leaving only a thin septum between the rectum and vagina, that was greatly stretched and broadened. The patient had suffered from incontinence of fæces for thirteen years. I dilated and curetted the uterus, and repaired an extensive laceration of the cervix at the same sitting.

First, rendering tense the recto-vaginal septum, by drawing the labia aside, I carried an incision along the line of junction of the rectal and vaginal structures, and thence upwards, on either side, to the highest point of the tear, splitting the recto-vaginal septum, and dividing the skin from the vaginal mucous membrane; after which the flap from the vaginal mucous membrane was dissected up to the desired extent. I then did the first step of the American, or Pratt, operation, viz., seized the mucous membrane of the gut, on a line with the upper border of the internal sphincter, drew it down and divided it all around by a circular incision, dissected it down and removed it at the muco-cutaneous junction. I next secured the ends of the torn sphincter with medium size catgut, uniting them thoroughly; severed the sphincter, as recommended by Pratt, to lengthen and weaken it; introduced three heavy silk, approximating ligatures, as in the ordinary perineal operation, and brought the deeper portions of the wound well together with buried catgut. The silk ligatures were then tightened and tied, and the necessary coaptating cat-gut sutures introduced. The flap was treated as in an ordinary perineal operation. The gut was then grasped with the forceps, drawn down and united all around to the skin, completing the American operation.

This is the most perfect and promising procedure for complete laceration, that I have ever done. The vaginal flap protects the wound

from septic contamination from above, and the healthy gut brought down secures the same result from below, and also prevents the possibility of a rectal fistula; besides, giving the patient "a healthy inch," in lieu of the diseased condition that always exists in such patients. It obviates the necessity of rectal flaps, and bringing stitches into the gut, with its attendant dangers of septic infection. When union takes place, and it will in fully ninety per cent of the cases, the results are the most perfect that could be desired.

UNRECOGNIZED FRACTURES OF THE NECK OF THE FEMUR.

By J. K. SANDERS, M. D.

CLEVELAND, OHIO.

[Read before the Ohio State Homœopathic Medical Society, Findlay, O., May, 1891.]

A BRIEF synopsis of three cases is given to justify a few remarks on this subject.

CASE I. A man, aged forty, was thrown from a wagon and dragged over a stony road for a hundred feet by a runaway horse. He could walk with help, and stand, but had severe pain in his back and groin. The physician called pronounced it a contusion and sprain. Four weeks later, at the suggestion that there might be a fracture, in order to make his diagnosis sure he manipulated the limbs in every possible manner, under chloroform. The patient was advised to have the leg and hip vigorously rubbed with liniment every day. According to the patient's statement there was eversion and no shortening. In a few weeks a little shortening was noticed. After suffering excruciatingly for three months he was discharged with the admonition to "use his leg."

Five months later he drifted into my hands. He could not walk, could not stand on the injured leg, and could not sit down without producing great pain. He could not lift the heel from the table when lying on his back. The great trochanter was two and one-quarter inches higher than its fellow, measured by Bryant's ilio-femoral triangle. He suffered severely every night in the hip and in the knee, and had constant pain. There was tenderness on pressure over the trochanter.

A diagnosis was made of a non-united fracture of the neck of the femur with a threatened abscess from necrosis of the head. A Sayre's long splint was applied, and was worn with considerable comfort, as the weight of the body was transferred by it to the perineum.

Four months later he slipped on the ice and sustained a fracture of the same femur at its lower third. After much persuasion the patient granted the time necessary for an attempt to remedy the hip trouble.

The leg was dressed with a Buck's extension apparatus, long side splint and co-aptation splints over the lower fracture. Broad bands of adhesive plaster and bandages were placed so as to get considerable pressure inwards over the great trochanter. He was kept on the fracture bed for twelve weeks.

At present, three years since the fracture, the trochanter rides one inch higher than the other by Bryant's measurements. There is a shortening of one inch and one-quarter from the anterior superior spinous process of the ilium to the external malleolus. He has no pain. He can flex the thigh nearly to a right angle. He can sit without discomfort. He can walk without a cane, but tires easily and uses a crutch when he has to be on his feet all day.

CASE II. A girl, aged twelve, sustained an injury four years ago by falling down stairs. The physician called diagnosed it a fracture of the shaft of the femur, put on a plaster-of-Paris cast with the thigh flexed and knee flexed, and removed it in eight weeks. She then suffered a great deal with pain in the knee and a diagnosis was made of arthritis of the knee, and treated accordingly.

She came under my care nine months afterwards, having had a Buck's extension on for several weeks previous.

The thigh was flexed, abducted, everted and anchylosed, the knee was flexed and anchylosed. She had pain in the hip and in the knee, night cries, moderate fever, losing flesh. Under chloroform the anchylosis of the knee was broken up, but it was impossible to bring the femur down without too much force. Resection of the head of the femur was then performed. There had been a fracture or a separation of the epiphyseal head and an impaction so that the head was more posterior. The neck was so soft that the chain saw almost pulled through without any sawing motion. There was incipient necrosis of the head and neck and a point of caries in the æctabulum. About a drachm of pus came away. She made a good recovery and remained well until last November, when a small abcess formed in the line of the cicatrix and a small spicular of bone

came away. She is now well; runs and walks without aid, but uses one crutch when she wants to keep up with her playmates. She has a patten one and one-half inches high. There is a shortening by Bryant's line of one and one-quarter inches, and from the superior spinous process of the ilium to the external malleolus, of one and three-quarter inches. There is a little motion.

Case III. A man, aged twenty-five, last September was helping lift a barrel, when the man at the other end let it drop, sending its full weight against him. He braced himself with his right leg, felt a sharp pain and nearly fainted. He walked to the street-car, and from it to his home, in all a distance of a quarter of a mile. He went to bed with great pain in his hip and groin, and high fever. The physician called pronounced it a case of inflammatory rheumatism. In a day or two his foot tended to turn inwards, and as it pained him in that position, it was propped up with pillows. He did not discover there was any shortening until he tried to walk, three months afterwards.

He came to my clinic at the end of the fourth month. He was so lame as to have to use two crutches. He still had a good deal of pain, especially at night. Bryant's line showed a shortening of an inch and one-eighth. The trochanter was broader. Anchylosis was complete and he could not sit without great discomfort. There was very little flexion of hip, and a tendency to inversion of the foot. Diagnosis was made of a fracture of the neck of the femur, with a fair result, considering the previous diagnosis. Passive motion was advised and Rhus tox. internally. Now he has no pain, walks with a cane and a decided limp. There is a little motion at the joint.

* * * * *

The history of cases and the observation of those under the care of other surgeons, lead to the following conclusions:

1. There are more cases of unrecognized fractures of the neck of the femur than is necessary.

2. When the ordinary symptoms of fracture—such as crepitation and abnormal mobility—are not present, and we are not justified in more than the most gentle attempts by manipulation to obtain them; when deformity is not developed for weeks, and then only demonstrated by the most careful measurements; when there is not loss of function to a marked degree; in a word, when there is not a positive sign of fracture, we are compelled to wait until time shall make the diagnosis plain. In that way we run no risk of failure to recognize a trouble, which, well treated, gives very satisfactory results.

3. If circumstances are such as to make an avowed diagnosis imperative immediately, a diagnosis of a fracture is better in these obscure cases, rather than to discover, or have it discovered afterwards.

DIPHTHERIA AND ITS RELATION TO THE MIDDLE EAR.

By HOWARD B. HILLS, M.D.
CARTHAGE, O.

[Read before the Ohio State Homœopathic Medical Society, Findlay, O., May, 1891.]

THERE is, in childhood, no disease that requires of the medical practitioner the exercise of better judgment or greater skill than in the proper treatment of diphtheria. It is the object of this paper to treat of the disease only as it occurs in young children. We shall not consider a patient over twelve years of age. Not because such child may not be equally affected, but because he is more easily handled.

The little sufferer whose years number but four, five or six is very likely, on the approach of the doctor, to be frightened, obstinate or even rebellious, making it extremely difficult to carry out the line of treatment as fully as would be desired. This obstacle, as well as the fact that the mucous membrane of the mouth and pharynx is more succulent, and softer, than in more advanced years, thereby furnishing a better nidus for the disease, are in part reasons why we should employ the most gentle and effective methods of cure, as well as watch with so much concern its various phases and tendencies. It is not enough that the fever subsides; that the fances, pharynx and larynx show a tendency to clear up. We should realize the fact that we are dealing with an exceedingly dangerons constitutional disease, the poison of which may attack any part of the organism. Therefore, not a single organ should even in the least be neglected.

There is no zymotic disease that has a greater tendency toward establishing a permanently diseased condition of the ear than diphtheria. Nor is there a disease that can work its way more insidiously. Indeed, there may be suppuration of the middle ear, and subsequent perforation of the drum membrane, with discharge of pus, without the patient's

having experienced any pain at all. Again, the pain may be excessive and no relief given until we are compelled to perforate the drum-head with the knife.

It was but a short time ago that I was called in consultation to see a child about five years old. The little fellow had diphtheria, and had been confined to his bed for nearly two weeks. Everything seemed to be working satisfactorily until the evening I was called. The attending physician told me that his fever had been nearly normal; that the throat was almost clear, that his appetite was sufficient, and he slept well. "But," said he, "I am worried over the sudden rise of temperature and evident agony in the head."

I was immediately suspicious of ear-trouble, and after some little effort we succeeded in finding just what I suspected, a tympanic cavity filled with pus. The Politzer bag was used, but failed to afford any relief. Paracentesis was then promptly performed, a liberal discharge of pus followed, all head-symptoms ceased, and the child passed into a quiet sleep ten minutes afterwards. I called the next day and found the temperature about normal, there was a profuse discharge from the ear, no pain in the head, and everything was as promising as could be expected under the circumstances.

I am now treating three cases of suppurative inflammation of the middle ear; every one of them had diphtheria. Without a single exception, three prominent ear symptoms were pronounced during certain stages of the disease, viz., earache, fever, and great restlessness, and yet the attending physicians never thought, for a moment, that the ears needed any attention. It is such cases as these that come finally into the hands of the specialist, but only after they have assumed the chronic form and call for weeks upon weeks of the most careful attention.

It will be unnecessary for me to give in detail the anatomy of the pharynx, Eustachian tubes and ear, as it is familiar to us all. We know that the tubes, one on either side of the posterior nares, lead from the pharynx to the tympanic cavities; that each is about thirty-five mm. in length in the adult, but shorter, wider and more nearly horizontal in the infant; that they consist, like the external auditory meatus, of an osseous and cartilaginous part; that the anterior opening is trumpet-shaped; that the mucous membrane is quite thick, like that of the pharynx, of which it is an immediate continuation, and is covered by ciliated eptheleum whose motion is in the direction of the pharynx. The tympanic cavity, or middle ear, is the enlarged and more delicately constructed posterior extremity of the tube, and is capable, when diseased, only not of causing the destruction of the entire auditory apparatus, but the death of the patient as well. It is plain, then, that any trouble in the pharynx will more than likely involve the tube and middle ear.

Let us see what can be done to keep intact the tubes and tympanic cavities. Our first duty is to keep thoroughly informed as to their condition from day to day. It will therefore be necessary to carefully examine the drum membrane by means of the ear mirror and speculum at every visit. We shall thus be able to ascertain if it be congested, if it has changed color or is inclined to bulge outward.

When the child is old enough to understand what is said to it, the tuning-fork must be added to the mirror, for by its use congestion and inflammation of the tubes and middle ear can be easily detected. We shall do well, too, to use the watch to confirm the diagnosis of the tuning-fork. When the labyrinth is not involved, congestion and inflammation of the tube and cavity will, as a rule, give to the ear so affected a more acute sense of hearing than when in a normal condition. I have, in this way, frequently discovered a thoroughly established catarrh when neither the mirror nor the symptoms as given proved its presence.

We have therefore simple and ample means at our command to keep ourselves thoroughly informed as to the condition of the ears of our patient, requiring but little time during each visit. Upon discovering diphtheretic patches upon the tonsils and pharynx, I begin promptly the use of the atomizer, with distilled water only, for in this way the child becomes accustomed to a mild spray and will not object to its application four and five times a day. After this there is no trouble in gradually adding to the water any remedial agent desired. After trying many formulæ for this purpose, I have found nothing better than alcohol in proportions as strong as the patient will permit. The spray should be used not less than four times a day, and thrown through the nose and mouth, directly upon the openings of the Eustachian tubes. The insufflation of sulphur is also excellent, and may be alternated with alcohol.

In spite of all our best efforts, however, the

disease may prove so obstinate that we are powerless to prevent the implication of the middle ear, and the inflammation and suppuration which follows. In treating young children that are very ill, it will be found next to impossible to use, with the desired effect, either the Politzer bag or the Eustachian catheter. Hence, perforation of the drum membrane must be anticipated, either as a result of the ulcerative process set up by the disease, or from necessity by the surgeon's knife to alleviate the pain. After perforation is established, we can reach every part of the cavity and mastoid cells through the external auditory meatus. Treatment by this means is added to that of the spray, and requires care and patience: care, because much damage may be done by the careless use of instruments; and patience, because these cases do not, as a rule, recover in less than one month, often requiring a very much longer time.

The instruments to be used for this purpose are the aural syringe and the cotton-carrier. Authorities differ as to the use of the syringe, and some of the objections of those who denounce it hold good. But for my part I have failed to see a case in my practice when I thought it did harm. But more than this, I am convinced that its virtues more than counterbalance its faults.

Our first object is to thoroughly cleanse and disinfect the middle ear and mastoid cells. To do this, inject gently about five or six ounces of tepid carbolized water through the external auditory canal, after which dry as thoroughly as possible with absorbent cotton carried into the meatus by means of the cotton-carrier. Next, the continued instillation of a twenty-five per cent. solution of the peroxide of hydrogen, a few drops at a time, till all evidence of the presence of pus has disappeared, will put the parts in a proper condition to be treated with a twenty-five per cent. solution of Boroglyceride, which is allowed to remain undisturbed till the next treatment, seven or eight hours later.

When the child has a mother or nurse of ordinary intelligence, it is my habit to carefully instruct her to do just what I have done, except in the use of the cotton-carrier, which I consider a dangerous instrument in the hands of any one not accustomed to using it. This treatment should be continued until the discharge has ceased. The use of the syringe is then stopped, when the balance of the work can be safely left to the Boroglyceride alone.

The internal treatment must, of course, be governed by the symptoms. Mercury is our sheet anchor, and must not be forgotten.

A CASE OF LABOR.

By ORPHA D. BALDWIN, M.D.
CLEVELAND, O.

[Read before the Ohio State Homœopathic Medical Society, Findlay, O., May, 1891]

ON Monday, January 5, 1891, at 4 p. m., I was called to see Mrs. G., the wife of a converted Chinaman, who was obliged to act as interpreter.

The patient was twenty years of age, about five feet high, and weighed ninety or one hundred pounds.

She came over from China October, 1890, and stood the trip fairly well, although it was far from smooth sailing.

Her diet had been oatmeal and rice, with eggs or meat once a day. She drank milk occasionally, and weak tea in unlimited quantities, but no water. She had had no exercise out of doors, living in poorly lighted rooms back of the mission school where her husband acts as interpreter.

I found the fœtal heart-beat about three inches below the umbilicus, on the mother's left side. The os uteri was dilated fully as large as a silver quarter, and the lips not as thick as usual with that amount of dilatation; the head presented in the second or right occipito anterior position.

As the school is in session from 7:30 to 9:30 p. m., and has from forty to fifty adult Chinamen in attendance, the little lady was directed to sit quietly in her room or to lie upon the couch, but not to walk around the room. She had had very slight pains occasionally during the day.

I returned at 10 p. m. and found very little, if any, change, yet it did seem as though the lips were slightly thinner.

At 8 a. m., Tuesday, I found her sitting by the fire in a cheerful frame of mind, as she had slept well. Some bloody mucus had passed early in the morning. I found the os at this time dilated as large as a silver dollar and the lips thinned down to a wire edge. The membranes were stretched smoothly over the os, not protruding at all.

At 11:30 a. m. and 5 p. m. I found no material change. The parts were well lubricated, no unusual heat, and the pains were slight, occurring every fifteen or twenty minutes.

I was called by messenger at 10 p. m., who stated that she was suffering extreme pain. I found her having pains every ten minutes, but she bore them so well that no scowl appeared on her face, nor a single word of distress escaped her lips. I gave Gelsemium 2x every fifteen minutes, and waited until 2 a. m., when I ruptured the membranes, which were only of medium toughness. She immediately asked to sit up in the bed, and as everything was all right I permitted her to do so. Up to this hour not a word of complaint had been uttered. In less than two minutes after the membranes had been ruptured she was going all over the bed on her hands and knees, exclaiming (I suppose) in her own language in various tones and inflections. I asked the husband if she said, "O, dear! O, dear!" and he gave an affirmative nod of the head. I am not at all familiar with their language, but concluded from the tones of voice that it was something far stronger. Chinese etiquette requires the husband to *stand* outside the door of the lying-in room, but I now requested him to stay in the room, as I should need to talk to the wife every few minutes. I then explained to her the necessity of keeping more quiet and settling down to work. In an instant she was as obedient as I could wish to have her. The husband sat upon the head of the bed, and she laid across his lap. During the pains she clasped her arms around his neck, while he bent over her. Undoubtedly it was a little hard on the husband, but it saved the nurse and the doctor. She had seemed uneasy and watchful until he came into the room to stay.

At 6 a. m., Wednesday, she was delivered of a healthy male child weighing six or seven pounds, whose head was thickly covered with fine black hair fully an inch long. The fontenelles were large and the sutures very distinctly marked. I have seldom seen a head that moulded so nicely. It really seemed as though the bones overlapped a quarter of an inch, but perhaps half that far would be the true estimate. There was no rupture of the perineum. The mother made a good recovery. She had an abundance of milk for the child, although the mammæ were far from well developed, but the nipples were very prominent indeed.

At this date, April 24, the baby weighs sixteen pounds, and looks quite like other babies, for his eyes are not cut on the bias, yet the skin is a trifle darker than that of the American baby.

Unfortunately the little fellow has double talipes varus, which greatly distressed the parents, who were so very much opposed to the use of the knife at the proper time that bandages and splints were resorted to. As soon as the father got the idea how I wanted them dressed, he dismissed me and attended to the matter himself. They have greatly improved, but I fear we shall yet be compelled to use the knife before the desired result is obtained.

A CASE OF WOUNDED LUNG, WITH RECOVERY.

By J. WRIGHT, M.D.
FRANKLIN COR. PA.

IN the month of May last, during a wind and thunder storm, a young man seventeen years old, Samuel Parmexter, was hurrying to gain shelter. He was in the highway near a piece of woodland. The darkness and roaring of the storm in the timber prevented his seeing or hearing a horse and buggy in which were two young men driving rapidly towards him. The same causes prevented their seeing or hearing him until just as they came in collision a flash of lightning gave the men riding a glimpse of the boy. But it was too late to avoid a collision.

The left thill struck the boy over the sternum, glided to the left side two and one-half inches, entered the left lung between the second and third ribs, taking two thicknesses of his shirt with it.

He said, "I felt it strike my shoulder blade." I believe he was correct, for the collision broke the harness, and when I arrived an hour after the accident, and removed a compress placed over the wound, there was an open hole between the ribs that remained open the size of a ten cent piece, and I could look in and see the torn lung for over an inch in depth. At each respiration the air would pass through the wound with a gurgling sound that could be heard several feet away. The hemorrhage was not great. The pain was severe, and he located it under and below the shoulder. He was very restless, pulse scarcely perceptible, extremities cold.

He had been given some whisky, and appeared to be rallying somewhat from the shock. He called for something to relieve his pain. I gave some more whisky with a small dose of morphine. I also gave Aconite and

Arnica hourly in alternation. He soon became more quiet and at four o'clock in the morning went to sleep and slept the most of the time until 8 a. m., when I called to see him again. His pulse then was eighty-four, and he was having but little pain. Continued Aconite and Arnica. May 23, about the same; continued the treatment, dressing the wound all this time with calendula lotion. May 24, 8 a. m., pulse 100; temperature 99°; respirations 24, lacking cough, which hurt him; raised considerable blood and mucus. This was his worst day. I gave Aconite 1x and Bryonia 3x. May 25, better; continued treatement. May 27, temperature and pulse normal; no change in treatment. May 29, the wound began to discharge some us. Gave Aconite and Arnica. May 31 there was an increase in the pulse to eightyfonr, with some sharp pains in the left side. Aconite and Bryonia were given, and from this time on he improved rapidly. June 10 I discharged the case, cured. Since then he has worked on a farm. After the first three ressdings I used carbolic acid lotions, one to twenty.

Criticism of Mr. Lawson Tait's policy of spaying women in order to render them sterile, was made by Dr. Senn, of Chicago, who said:

"To me the indications which induced Mr. Tait to remove the ovaries and tubes in this case afforded abundant food for serious thought. There can be no question in my mind, and in the mind of any one who has the well-being and happiness of his fellow-beings at heart, that it was not desirable that the woman should again be exposed to the dangers of another pregnancy; but as a practical American it occurred to me that it would have been wiser to resort to the less hazardous procedure of unsexing her husband, which would have certainly secured the same immunity, at a minimum risk of life, and, morally, would have been more justifiable. This poor creature had suffered untold agonies, and why submit her to such a serious operation to procure sterility, when the same object could have been reached without any danger to life by unsexing the other party?"

The total number of insane persons treated in public and private institutions in 1880 was 97,535. At the time of issuing the report there were 116 public and 38 private institutions. Of the total number treated 48,401 were males and 42,453 females.

SELECTIONS.

Progress in Belgium.

Homœopathists the world over will watch with interest for further action on the part of the Belgian government in behalf of those of its people who wish homœopathic treatment. The present situation is set forth in the following two quotations from the *Monthly Homœopathic Review:*

Homœopathy and the Belgian Senate.—Our contemporary, the *Revue Hom. Belge*, gives a reprint from the *parliamentary annals* of an important discussion respecting the teaching of homœopathy in the Belgian Universities. This is the third time the subject has been before the Senate.

Taking advantage of a proposal to make some alterations and fill up some omissions in the University Examinations programme, Senator Terlinden indicated what he believed to be a want in the medical curriculum—a want which had existed for a quarter of a century. In so long a time opinions change and progress is made. Monsieur Terlinden thought that a great step forward had been made in the discovery by Professor Koch. Unable himself to decide between Koch's admirers and detractors, he nevertheless observed how that effects upon the organism, both immediate and undeniable, resulted from the injection of so minute a quantity of Koch's fluid as one milligramme. Indeed it was likely that still further dilution of the fluid might be necessary. The effects of thermal waters, of sea air, of vaccination, and of postmortem wounds also made it impossible to deny the power of infinitesimal quantities. He thought one result of Dr. Koch's discovery should be the recognition of homœopathic medication. The two schools should walk abreast.

Homœopathy does not date from yesterday, and is not kept a secret. Hahnemann said that "when the saving of the lives of our fellow-men is in question, to be ignorant is a crime."

For more than a century "animal magnetism" was treated with contempt, as homœopathy now is in official spheres—now it is recognized by the Academy. Qualified medical men only, however, are allowed to use it, for if it is a powerful aid, it is also a terrible weapon. Shall medical students, he asks, be left to in-

struct themselves in hypnotism? The answer must be "no," and the same must be said of homœopathy, which, indeed, some who do not believe in the system imagine owes its results to "suggestion." M. Terlinden admitted there were probably many arguments in favor of homœopathy better than those he advanced, but being of a more or less technical nature, he left them to others for discussion. Another popular reason in favor of the public teaching of homœopathy and of its practice in the State hospitals was the claim of the poor, who, having experienced the benefit of homœopathic dispensary treatment, were unwilling to give themselves over to the old methods.

After referring to the statistics of homœopathy in the United States, he appealed to the Government to establish a chair of homœopathy in the State Universities and in the Veterinary College, and to set apart hospital wards for those who desire or are willing to be treated by that method. Science, he maintained, should be untrammelled, and said that it was the essence of the higher learning that all opinions should be defended and discussed in the various Faculties.

M. Terlinden adopted the suggestion of Dr. Martigny, namely, that there should be appended to the subjects taught for the final examination that of homœopathic therapeutics, that this should be an optional course, and that the diploma should state whether or not the recipient was examined on this subject. This would give to the "homœopathic" patients a guarantee respecting their medical man. It was granted that the Government had the power to establish such optional courses, and to recognize them in a supplementary clause in the diploma, and M. Terlinden hoped that by next year the Chamber would see fit to comply with the recommendation he made.

M. Soupart, without discussing the question, wished to bring out one point, viz., that it would be advantageous to leave to the universities more autonomy in the organization of their courses of instruction, the law only regulating the length of studies, subjects of examinations, etc.

M. le baron Surmont de Volsberghe and M. de Burlet, "Minister of the Interior and of Public Instruction," both spoke more or less favorably of the proposal of M. Terlinden, M. de Burlet remarking that he understood that no substantive motion had been made, but that the Government were requested to study and examine the subject for future discussion. He stated that the founding of optional courses was a financial question. The setting apart of hospital beds could not well be accomplished by law. If homœopathy spread and commended itself by its success, he thought that recourse to its aid would be had by the authorities without legislative compulsion.

Our contemporary adds that the Municipal Council of Antwerp has taken the initiative by the establishing a homœopathic dispensary. We join in its expressed hope that next year a discussion of the subject may be followed by some arrangement for the teaching of homœopathy, which is said to be daily gaining ground in Belgium, to those medical students who may desire it. This would probably be followed sooner or later by the establishment of hospital accommodation. We wish our Belgian colleagues every success.—*The Monthly Homœopathic Review*, Oct. 1, 1891.

HOMŒOPATHY IN ANTWERP.—In the *Revue Homœopathique Belge*, Dr. Lembreght *fils* makes the important announcement that the Town Council of Antwerp, with the exception of one vote, unanimously decreed, at its meeting on the 25th of June, the institution of a public homœopathic dispensary. This, as Dr. Lembreght points out, was a measure of simple justice to the poor; because, while the well-to-do portion of the citizens of Antwerp were able to choose for themselves which system of treatment they would adopt in illness, the poor alone had no choice, but were, in seeking gratuitous medical aid, compelled to submit to allopathic treatment. "Thanks," writes Dr. Lembreght, "to the energetic initiative of the *Bureau de Bienfaisance* and of the *Administration Communale* of Antwerp, the first public bodies in Belgium who have had the courage to break through routine and old prejudices, this abnormal position is to disappear, at least to some extent, and, in future, the necessitous poor will be able to choose which method of treatment they prefer.

"The formation of an official homœopathic dispensary is a fact of first-rate importance. It is the first step towards the introduction of homœopathy into the hospitals of Antwerp; for if the poor who frequent the dispensary have the right to adopt that therapeutic system in which they have the greater confidence, why should not the sick lying in the hospitals enjoy the same privilege? Is it right that a patient, treated at the dispensary by the homœopathic

method, should be compelled to change the treatment because there happen to be circumstances obligating him to seek the shelter of the hospital?

"After years of struggling we now see the removal of the insurmountable barrier which has hitherto relentlessly shut the doors of every public hospital against the homœopathic physician."

Dr. Lembreght concludes by rendering especial acknowledgements to Dr. Gits and Mr. Alderman Gits for their exertions in promoting the formation of this new dispensary, and for their defence of homœopathy before the Council.

We heartily congratulate our colleagues on the important public tribute to the value of homœopathy that they have obtained from the Town Council of their city. The institution of an official dispensary ought to prove of material assistance to those who, in the Belgian Senate, are endeavoring to secure provision for homœopathy being taught in the State Universities; for, if municipal officials are to be appointed to treat disease homœopathically, the State ought to take steps to ensure such officials being properly taught how to do so.—*The Monthly Homœopathic Review*, Oct. 1, 1891.

Still later intelligence of the establishment of a Homœopathic Dispensary in Antwerp we are able to present to the readers of the ERA, from the *Homœopathic Review* of November. It says:

In our last number we noticed the establishment of a Homœopathic Dispensary in Antwerp by the Town Council of the city as a part of their arrangements for the medical care of the poor under the management of a Committee of the Council styled the *Bureau de Bienfaisance.* The medical staff of the *Bureau* numbers 45 out of the 125 medical men of the city. These gentlemen, on hearing of the decision of the Council, endeavored to organize a strike. As the homœopathic physicians in Antwerp are but five in number, two of them being gentlemen advanced in years, and consequently limiting their professional engagements as far as possible, the gentlemen who proposed to strike felt sure of being able to compel the Council to abandon their proposed dispensary. They, however, omitted to take into their calculations the amount of *esprit de corps* of the Council in the first place, and, in the second, Dr. de Mets and his confrères expected to find that all the medical men in the service of the *Bureau* were as stupid and narrow-minded as themselves, while, as a matter of fact, only thirty-two out of the forty-five consented to join in "*la grève générale.*" Finding that the Council were determined to constitute a homœopathic dispensary, the allopaths then endeavored to get the word "homœopathic" struck out, suggesting that a homœopathic physician should be added to the ordinary staff. The Council insisted that those of the poor who desired homœopathic treatment should have as much opportunity of knowing where they could get it as those in easy circumstances already had, and resolved on retaining the distinctive appellation by 24 to 5.

Full reports of the discussion at the Council meeting, and of that at the meeting of the allopaths, are given in the city newspapers, *Le Précurseur* and *L'Opinion.*

The rule establishing the dispensary was agreed to on the 25th of June. At the Council meeting of the 5th ult., the results of its re-examination by the Court of Aldermen and by the Commission of Hygiene were discussed. M. Alderman Git, the Chairman of the Commission, reported, in a speech of considerable length, on the decision which had been arrived at. The medical officers, he said, had protested that the establishment of a homœopathic dispensary gave an official recognition to a medical doctrine, while those who gave it were not competent for the task. He replied to this that they had no intention of giving a higher sanction to this than they did to any other doctrine, and that the sole object they had in view was to arrange for homœopathic consultations to which the poor might have the opportunity of resorting. This they considered it was their duty to do. To decide that homœopathic consultation should be provided for the poor was not a doctrinal act, but simply a useful, administrative one. "That in a large town such as ours, where homœopathy is held in very great esteem among persons in easy circumstances, the poor alone should not hitherto have been able to have themselves treated by this method, is not equitable, neither is it humane or democratic." Commenting on the argument that had been raised that the poor were indifferent about the matter, he referred to a petition that had been sent to and read before the Council from the workmen's society, *De Werkers*, to the private dispensaries in Brussells

and to that of Dr. Campenhoul in Antwerp. Referring to a petition presented by the medical staff of the *Bureau*, in which they denied that homœopathy had any scientific basis, this, he said, was a mere assertion made by men, very few, if any, of whom had read *The Organon* of Hahnemann. It was also objected that the universities had not recognized homœopathy, and that the number of believers in homœopathy was very small. The latter fact was at once explained by the former, and in view of it, it was surprising that any had studied and adopted homœopathy, while it argued a real courage to leave a university and commence again a new course of study. The struggle to live was too great and too general to admit of many doing so. He quoted from a speech of Dr. Flasschoen protesting against the ostracism with which homœopathy was treated in France, also appealing in the name of progress, of humanity and public health for its being taught at the university and introduced into the hospitals. Remarking that this ostracism was coming to a conclusion, he quoted from the speech of Senator Terlinden in the Belgian Senate, to which we referred last month, when he urged that the fact of homœopathy not being taught in the university constituted a defect in the institution, and added that "when the question was one that affected the lives of our fellow creatures, to ignore its existence became a crime." Having quoted from the speech of M. Burlet, the Minister of the Interior, on the same occasion, who said that if homœopathy spread and commended itself by its success, he thought that recourse to its aid would be had by the authorities without legislative compulsion, M. Git said: "Well, then, gentlemen, is not this absolutely our position? Our *Bureau de Bienfaisance*, struck by the development of homœopathy among those in easy circumstances, has it not done wisely in taking the initiative in introducing freely and without any evasion opportunities for the poor to obtain homœopathic treatment?" He concluded by expressing his confidence that the Council would approve of the proposal; that the medical staff would withdraw their opposition, and that after a little while a calm would follow the unjustifiable agitation that had occurred.

M. le Dr. DESGUINS, who opposed the proposed dispensary, expressed a universally felt desire that the dispute should be brought to a conclusion. He objected to the homœopathic dispensary because it implied a recognition of homœopathy. However much the Council might protest against such a conclusion being drawn, it was one that everybody would make. He denied the qualification of the Council to pronounce upon a question of medical science, and asserted that, in establishing a dispensary for the practice of homœopathy, they were doing so. In setting up a special service for homœopathy, they were at the least recognizing it as of equal value with traditional medicine, and that it was a rational and efficacious method. It determined thus a scientific question, and did so in a sense directly opposed to medical authorities, who were qualified to determine it. The Council ought, he said, to restrict itself to administering the law, and as the law did not recognize the term homœopath and allopath, no other proof of qualification for its service should be required than those of the possession of a diploma and good character. Dr. Desguins fully recognized that in proposing this innovation the members of the *Bureau* believed that they were doing a useful, liberal and humane work, but that their zeal had led them too far, and concluded by desiring a new rule to be drawn up which should exclude the word homœopathic.

M. GIT replied that while Dr. Desguins had opposed the words homœopathic and allopathic, he had not opposed homœopathy! (This, interpolated Dr. Desguins, was a mistake.)

M. DE VOS said we are told by the doctors that we are not qualified to express an opinion on homœopathy. We are not pretending to do so; we simply turn to account for the benefit of the poor a system which exists and which is preferred by a considerable section of the people. "Each of us," he said, "if taken ill, has the right to seek relief or cure from the method of his choice, and by which he has been previously relieved or cured. Why, then, should the same opportunity be denied to the poor? No one could deny that since the time of Hahnemann homœopathy had not only maintained its reputation, but had greatly extended it. Such was not the usual course of anything worthless."

M. VAN DE WALLE agreed with Dr. Desguins, because homœopathy could not be used exclusively in all cases, and urged that the word homœopathic should be removed; that a special dispensary should not be established, but that a homœopathic physician should be

added to the staff of the Bureau, and a department at the pharmacy of the Bureau should be fitted up for homœopathic medicines.

M. Tonnelier said that they had been declared by the doctors incapable of estimating the scientific value of homœopathy. Possibly so, but they were equally incapable of estimating that of allopathy. The doctors asserted that homœopathy had no scientific basis, but homœopaths, who had studied it, declared that it had. The Academy of Medicine had repudiated it, but the Academy of Medicine was exclusively composed of allopaths. We could not attach importance to a decision of which those who gave it were at one and the same time judges and partisans. Whatever might be their incompetence to decide a question of science, they were quite able to arrive at a conclusion on one of results obtained by the homœopathic method. He could not understand how it was that those who pretended that homœopathy was mere charlatanry should still be content that a homœopath should be added to the staff of the *Bureau*, provided he kept his colors out of sight. This endeavor to prevent homœopathy being heard of seemed to him and to many others to reduce the question at issue to one of "shop."

M. Git, in reply to Dr. Desguins, referred to recognitions of homœopathy that have been officially given in France, Italy, Spain, the Unted States, Australia, etc. To M. de Walle he replied that to keep the word "homœopathy" out of sight would be wanting in candor, in the first place, and, in the second, the nomination of a homœopath on the general staff would depend upon the good pleasure of the members of the *Bureau*. If it happened to be packed with allopaths, they would be able to neutralize the determination of the Council.

After a brief speech from Dr. Desguins, endeavoring to minimize the recognition of homœopathy in other countries as stated by M. Git (in the course of which he betrayed his ignorance of the state of medicine abroad by saying that in America any man, however unqualified, could get a qualification for one hundred dollars), M. Spée moved the order of the day, and this was carried by 24 against 5, the effect being the establishment of the Communal Homœopathic Dispensary of Antwerp.

On this the *Review* makes the following comment:

"Thus it will be seen that the Communal Homœopathic Dispensary of Antwerp has come into existence in a somewhat stormy fashion. The struggle for fair play for homœopathy in that city has but begun. Men who are capable of talking so much nonsense, who are so entirely ignorant of homœopathy, who fear the spread of a knowledge of it among the people so much and hate it in proportion, and who show such an amount of passion when they find themselves compelled to compete with it in relieving the sick, as M. Terwagne and his colleagues, will doubtless continue the struggle, and, as allopaths generally have done, will probably show themselves perfectly dead to any sense of honor in their choice of weapons. Hence our medical *confrères* in Antwerp must be ever on the watch."

Dilation of the Perineum.

The dread of the perineum becoming ruptured during the passage of the child's head led to the practice of supporting it, and this has been more or less done from time immemorial to the present day. A large midwifery experience convinced me many years ago of the fallacy and danger of this practice; and in a paper read before the Obstetrical Society of London, and published in their *Transactions* of 1875, I recommended a diametrically opposite line of treatment, which is certainly followed by far better results. Let us consider for a moment the object we have in view—namely: We want the soft parts of the outlet of the pelvis to dilate, so as to allow of the passage of the child's head without its weakest part rupturing. What does support do? It presses the perineum between the hand on one side and the child's head on the other, so that the more support we give, the more squeezed, thinned out, and lengthened the perineum becomes. No wonder, then, that it frequently gives way. One can hardly imagine anything so likely to favor a rupture as this pressure on both sides. True, the support may delay the advance of the head, but this pressure against the perineum rouses the uterus and makes the pains more violent, so that, if delay is the object sought, direct pressure upon the child's head is infinitely preferable and safer in every way. In cases of ruptured perineum what has occurred? Either the outlet was abnormally unyielding, or there was no time for it to expand, so that the weakest part gave way. The obvious way of preventing this unfortunate result is to dilate the perineum before the child's head reaches it, and practically this is easily effected. One

can readily form an opinion as to the necessity for this proceeding by ascertaining the dilatability of the parts, the size of the outlet, the length of the perineum, and the character of the pains. If there is reason to believe that the parts will not readily yield to the advancing head, they may be gradually dilated by drawing back and expanding the perineum during each pain, first with two and then with three fingers, and keeping up as firm extension as can be borne short of pain, and continued from time to time until the required amount of dilatation has been obtained. By this simple proceeding (1) the pains are strengthened; (2) the latter part of labor is materially shortened, and is far less painful; (3) the perineum is preserved intact.—*Dr. Trestrail, in Brit. Med. Journ.*

Flushing of the Uterus Following Delivery.

In every case of labor I now attend I make it a rule to wash out the uterus directly the placenta has been expelled, either by expression or by the natural efforts, with hot water. The advantages claimed are:

(1) Stimulant to the patient; (2) produces contraction of uterus, removing shreds of membrane, clots, etc.; (3) the prevention of "after-pains;" and last, but not least, setting the practitioner's mind at rest by insuring a permanent contraction of the uterus and a clean and untainted cavity.

The facility with which the uterus can be washed out directly after labor is a strong argument in favor of the proceeding. An endeavor to do so forty-eight hours later will be found much more difficult and not nearly so effective.

In several cases which I had observed while assistant master to the Rotunda Hospital, the sudden rise in temperature (sometimes accompanied with rigors) was entirely due to a portion of membrane or *debris* of some kind being retained *in utero*, discovered only when that organ had been flushed with hot water.

Nothing can be more mischievous than the plan I have seen adopted by many midwives, viz., that of "making a rope of the membranes." Though not condemned as yet by any of the text-books or manuals for midwives with which I am acquainted, the fact of rotating the placenta when extruded (or nearly so) brings on a uterine contraction, and the membranes which have not left the uterus are gripped by the os or cervix. The twisting is continued till the membranes break, leaving a considerable portion behind, setting up after-pains, which, if not sufficient to expel for good and all the offending portion, allow it to become a source of extreme danger to the patient by subsequent decomposition, as shown by the high temperature, rigors, etc.

I am now so convinced of the value of washing out the uterus with plain hot water (previously brought to boiling point), that I hope I shall be excused for saying, that in my opinion such should be made a routine treatment in all cases of labor and miscarriage, whether in hospital or private practice. The little additional trouble involved will amply repay the practitioner who adopts this treatment, by whom alone it should be done in all cases.—*Dr. Alexander Duke.*

Chloroform in Labor.

Some authorities object to the use of anæsthetics in labor. The grounds of their objections are probably theoretical rather than practical. Dr. Dudley Buxton submits the following review of the subject:

1. *Chloroform is said to increase the mortality alike among mothers and children.*

Experience fails to confirm this statement. As chloroform minimizes the pain of labor and consequently the shock thereby produced, it is rational to assume, and observation sustains the assumption, that the danger to the parturient is proportionately lessened.

Protracted complete anæsthesia would, however, affect the blood-aëration of both mother and child; and the danger of post-partum hemorrhage would be more imminent.

2. *It is asserted that it protracts labor.*

Here, again, experience is contradictory to the objection. It is only when chloroform is pushed to the degree of deep narcosis that uterine contractions are interfered with and labor protracted.

3. *Rupture of the perineum is said to follow more commonly when chloroform is used.*

If the same care be exercised in the treatment of labor cases with the use of an anæsthetic as is exercised where no such agent is employed, there can be no special reason for ascribing this accident, if it does occur, to chloroform. On the contrary, the partial relaxation of the parts, induced by the anæsthesia of the patient, should tend to obviate rather than produce this complication.

4. *Complications are asserted to be more liable to occur when chloroform is used.*

Upon this point Dr. Buxton quotes the

opinion of the Chloroform Committee of the Royal Medico-Chirurgical Society, who thoroughly investigated the subject. They found that when chloroform is properly administered it does not predispose to inflammation, puerperal convulsions, apoplexy, or other mishaps; indeed, as it promotes dilatation of the maternal passages, it is beneficial.

Convalescence is not retarded by its use (Sansom); lactation is not injuriously affected, nor is the child in any way injured (Buxton).

The relative safety of chloroform in parturition ceases with the birth of the child. After delivery it is said to favor the relaxation of the uterus and to predispose to hemorrhage (Lusk). Therefore upon the birth of the infant the anæsthetic should be withdrawn, unless some slight surgical operation should require its continuance; such as placing a stitch in a lacerated perineum.

Childbirth is justly deemed the least dangerous occasion for the employment of anæsthesia. This is not due to any special immunity possessed by parturient women, but, according to Dr. Henry M. Lyman, is in all probability owing to the fact that such women are selected patients, as it were,—in the prime of life, at an epoch when all the nutritive functions of the body are at their highest degree of activity,—and therefore necessarily present the best possible cases for withstanding the risks involved by the production of anæsthesia. Futhermore, the partial degree of anæsthesia, to which alone the greater number of pregnant women at times are subjected is far less dangerous than the condition of absolute anæthesia required in most cases of surgical operation.

Nitrite of Amyl in Chloroform Poisoning.

About 7 p. m. of March 13, 1890, I received a telephone message to come hastily to M. P., who had taken chloroform and could not be awakened. The distance was about one and a half miles, and I stopped at a drug store to procure five drops pearl of nitrite of amyl. Time of arrival was about half an hour after being called. I found the patient in a profound stupor, respirations shallow, pulse rapid and feeble. A three ounce bottle was found in his coat pocket, half full of Squibb's chloroform. A telephone message to the druggist revealed the fact that he had purchased three ounces of the drug some two hours before. He had swallowed apparently about one ounce and a half. Air was at once freely admitted to the room and to the patient, and a pearl of the nitrite given by inhalation. The effect was immediate and apparent. After the lapse of fifteen minutes, pulse again became rapid and feeble, and another pearl was used, with the result of deepening the respirations and increasing the vigor of the pulse. The same thing was repeated at lengthening intervals eight or nine times. Meanwhile hypodermic injections of atropine were twice given, and towels wrung out of cold water were dashed upon the chest. After four hours the patient awoke from his stupor, and in another hour was out of danger. Recovery was somewhat slow, owing no doubt partly to the great destruction of red blood-corpuscles, as evidenced by the extreme icteric hue of the skin, which persisted for two weeks. In my judgment this patient could not possibly have survived without the use of nitrite of amyl.—*Dr. Mammen, in Med. Record.*

Treatment of Compound Pott's Fracture.

Although compound Pott's fracture is a rare accident, it is difficult to treat successfully. From an experience of seven cases, Hamilton is convinced that it is bad practice to reduce the tibia and drain, because it is impossible to drain thoroughly, as the articular surface of the tibia fits so closely the trochlear surface of the astragalus.

He therefore enlarges the wound, saws off the end of the tibia, and makes a longitudinal incision three inches in length behind the fibula, and if necessary removes a corresponding portion of the fibula. Two large drainage tubes are inserted on the inner side behind the bones, and out at the wound on the outer side.

The limb is put up on a "waxed splint," which prevents the discharge running up the leg, and so necessitating a frequent change of splints. The mere fact of moving the limb sends the temperature up, and may be the beginning of much trouble afterwards. A third factor is absolute care and cleanliness when the case first comes under observation. No sponges are used, and the cases for the most part are dressed perfectly dry.

It is certain that even before the appearance of the chancre syphilis exists, and that even if the entire penis should be amputated before the chancre showed itself, syphilis would follow nevertheless.—*Ricord.*

Foreign Bodies in the Bronchi.

Whatever may be true of foreign bodies in the respiratory tract as a whole, experience in the management of cases of foreign bodies in the bronchi would seem to support the surgeon in stating the following conclusions:

That a foreign body in a bronchus is always a source of danger to the patient.

That its spontaneous expulsion is very exceptional and may be long delayed.

That the danger is from inflammation and its results, and less frequently from asphyxia.

That its earliest possible removal ought to be attempted.

That the dangers of operative interference ought not to prevent the attempt to remove the foreign body.

That to attempt the removal without a preliminary opening into the larynx or trachea is unwise.

That after a reasonable search through the trachea and bronchus, opening the thoracic cavity in front, or the mediastinum or pleural cavity posteriorly, is justifiable.

That all operative measures for relief ought to be taken at a single operation if possible.

That the character of the foreign body and the patient's condition are important factors in deciding on the time and character of the operative measures to be employed.—*N. Y. Medic. Journ.*

The Value of Rest in Surgical Cases.

It is not work, but worry—mental unrest which kills; so that a person will bear much physical discomfort to be relieved of the mental discomfort of his condition. This is well illustrated in cases of cancer, where the refusal to operate often occasions great mental depression, while an attempt to remove a tumor—even if unsuccessful—will often give the patient a feeling of mental rest in the very thought that no stone has been left unturned in the endeavor to afford relief.

When a patient is confined to his bed away from his work, he is often suffering as much from the worry of mental inactivity as from the physical disease for which he is under treatment. In these cases decided improvement may be effected by encouraging the patient to do some light mental work. Diagnostic incisions are also a valuable aid in avoiding physical unrest, for they increase the patient's faith in the surgeon's ability to choose the proper method of treatment.

Pain given to a patient, whether in the dressing of a wound, or in the examination necessary to make a diagnosis, is a fertile cause of unrest, and should be avoided by every means in our power. The avoidance of movement in dressing the wound will do much to prevent pain, and for this purpose Chiene recommends the many tailed bandage which permits of exposure of the wound without movement of the limb. He also points out that the use of unnecessary strong antiseptics on wounds is one of the most frequent causes of local unrest. The employment of absorbable drains will obviate the necessity of a change of dressing for the removal of the drain, and therefore may be regarded as another aspect of Hiltonism.

Although pressure and careful apposition of the edges and surfaces have to a great extent done away with drainage of any sort, it is safer to employ drains for at least twenty-four hours after operation, so as to avoid accumulation of blood in the wound and consequent delay in healing. If India rubber tubes are used they should be made to project beyond the wound surface, so that the blood and serous discharge may pass into the dressing, and have no tendency to pass along the skin surface to the edge of the dressing.

To steady limbs after amputation and excisions, leaden splints are employed by Chiene, the splint being shaped so that it can be unfolded without moving the limb. Pressure should be applied firmly, but care should always be taken to leave the distal portion of the limb exposed, so that if it swells the bandages may be loosened.

Extension is not sufficiently used in fractures of the upper extremity or after excision of the knee and elbow. In fractures, injuries, and diseases of the spine, in sacro-iliac disease and fractures of the pelvis, the use of double extension is of undoubted value. In all cases in which complete rest of the trunk is called for, he recommends a thick, firm mattress made in three pieces, the central portion of which can be withdrawn for the performance of the acts of defecation and urination and the examination of the body for bed sores. In injuries of the hip he has given up the use of Nelaton's line, because in order to reach the ischial tuberosities necessary for estimating the line the patient has to be moved. Its place is taken by noting the want of parallelism between the two tapes, one passing through the anterior superior spinous processes and the

other through the tips of the great trochanters.

In cranial surgery the curved incision suggested by Horsley, enables us to form a flap for covering and supporting the denuded brain matter or dura.

In spasmodic wry-neck where the patient is in constant unrest, relief may be afforded by excision of a portion of the spinal accessory nerve, as shown by several cases in the author's hands.

In rectal surgery gradual dilatation of the sphincter ani before operation gives rest after its performance, as it is followed by temporary paresis.

To afford rest to the bladder the author recommends the introduction of a gum elastic catheter to which is attached a rubber tube passing into a vessel filled with water, the latter being placed at the proper level, to produce a syphon action. Rest may also be induced by perineal action or supra-pubic cystotomy.

In the treatment of cut-throat the immediate performance of tracheotomy and accurate coaptation of the wound facilitates rapid healing, because movement of the parts is reduced to a minimum.

In the application of a bandage to varicose veins or the application of a truss, the apparatus should be applied before the patient gets out of bed and taken off after he is in bed, for if the veins are allowed to fill and the hernia to come down, the good of the previous twelve hours' support of the retentive apparatus is nullified by the temporary unrest.—*Int. Journal of Surgery.*

Marriage and Chronic Gonorrhœa.

Marriage should be absolutely forbidden in all cases where the existence of a chronic urethritis is evidenced by the presence of the "morning drop" or *tripper faden* in the urine, until the following facts have been established:

1. That after from two to four weeks of daily observation, the secretions from the urethra are found to be *free from pus, and made up wholly of epithelial cells.*

2. That no gonococci can be detected by the microscope, even after a purulent discharge has been established by the employment of irritating injections of corrosive sublimate or nitrate of silver.

3. That neither prostatitis nor stricture exists.

Dr. Brewer then recites a case in his own experience which presented the above matrimonial contra-indications. Against his advice and warning the young man married. Consequently, in two weeks' time he saw the young wife with a purulent urethritis and vulvitis, pus showing abundant colonies of gonococci. A severe cystitis followed, a large utero-vaginal abscess which was opened under ether; also a marked pyelitis which continued for months.

In viewing the records of nearly one thousand cases of urethritis treated by me during the past five years, I find that in six instances I was consulted regarding the propriety of marriage, under circumstances similar to those which existed in the case reported above. My rule had always been in such cases never to allow marriage until at least three months had elapsed since the cessation of all acute symptoms, and until repeated examinations of the secretions (including the *tripper faden*) had failed to show the presence of gonococci. In the six cases referred to, these conditions were observed, and in no instance has the wife exhibited the slightest evidence of infection.—*Dr. G. E. Brown in Int. Jour. of Surgery.*

Amputation of the Leg Under Cocaine Anæsthesia.

The following case is related by Dr. Cowan, of Virginia, in the *International Journal of Surgery:* "The negro patient was very much afraid of chloroform, and positively refused to take it. I decided to use cocaine. After applying the rubber bandage above the site selected for amputation, I injected the cocaine as advised by Wyeth, carrying the needle just under the skin, elevating its point, and injecting as the needle was withdrawn. This was done in four places, by which means anæsthesia was rendered complete all around the limb. I now proceded to dissect the flaps. Then one or two punctures were made into the muscular tissue, around the limb, penetrating the periosteum, the fluid being ejected as I withdrew the needle. The operation was then completed. At no stage of the procedure was there the slightest pain. The patient, who was afraid of a pin scratch and was badly frightened beforehand, was perfectly satisfied with the result and much astonished 'that it did not hurt him.' There were no bad symptoms either during or after the operation. On the fifteenth day after, I removed the dressing for the first time. Union had taken place by first intention, with the exception of a small spot left for drainage, which was not as large as one's little finger-nail."

Vitality of the Spermatozoa.

A long series of observations were made by Bossi, of Genoa, with a view to settle these disputed questions. He closely watched several classes of women, such as newly married persons and wives of sailors who lived for more or less definite intervals apart from their husbands. Lastly, he noted the effects of what is termed artificial impregnation. This process consisted in transferring spermatic fluid, shortly after coitus, into the uterine cavity or simply into the posterior vaginal fornix from a less favorable position in the genital tract. He undoubtedly met with marked success, and his researches have led him to the following conclusions: (1) Fecundation, whether natural or "artificial," takes place within the first few days after a menstrual period. This implies that the encounter of spermatozoa with ova occurs neither before, nor during the period of menstrual flow, but after the end of menstruation. (2) To avoid failure the aid of art should be invoked on the very day on which the "show" ceases or during the three following days. (3) Spermatozoa lodged in the posterior fornix, or *nidus seminis*, may remain alive there for even so long as seventeen days—certainly between periods, and in some cases during a period. (4) Hence it is probable that in cases of fecundation, before a menstrual flow, the spermatozoa have remained living in the fornix till after the period, and have not ascended the uterine cavity and the fallopian tubes (*sic*) until the proper time has arrived for meeting the ovum. (5) The fact that spermatozoa may live so long in the posterior fornix—even through a menstrual period—is of importance from a medicolegal standpoint. The extreme limit of 300 days laid down by the Code Napoleon in questions of legitimacy, where a husband has been dead or absent for many months, would appear to be insufficient.

Vegetable Diet as a Cause of Atheromatous Degeneration.

Dr. Alanus relates the following experience: "Having lived for a long time as a vegetarian without feeling any better or worse than formerly with mixed food, I made one day the disagreeable discovery that my arteries began to show signs of atheromatous degeneration. Particularly, in the temporal and radial arteries this morbid process was unmistakable. Being still under forty, I could not interpret this symptom as a manifestation of old age, and being, furthermore, not addicted to drink, I was utterly unable to explain the matter. I turned it over and over in my mind without finding a solution of the enigma. I, however, found the explanation quite accidentally in a work of that excellent physician, Dr. E. Monin, of Paris. The following is the verbal translation of the passage in question: In order to continue the criticism of vegetarianism we must not ignore the work of the late lamented Gubler on the influence of a vegetable diet on the chalky degeneration of the arteries. Vegetable food, richer in mineral salts than that of animal origin, introduces more mineral salts into the blood. Raymond had observed numerous cases of atheroma in a monastery of vegetarian friars, amongst others that of the prior, a man scarcely thirty-two years old, whose arteries were already considerably indurated. The naval surgeon, Treille, has seen numerous cases of atheromatous degeneration in Bombay and Calcutta, where many people live exclusively on rice. A vegetable diet, therefore, ruins the blood vessels and makes prematurely old, if it is true that man is as old as his arteries. It must produce at the same time tartar, the senile arch of the cornea, and phosphaturia. Having unfortunately seen these newest results of medical investigation confirmed by my own case, I have, as a matter of course, returned to a mixed diet. I can no longer consider purely vegetable food as the normal diet of man, but only as a curative method, which is of the greatest service in various morbid states. Some patients may follow this diet for weeks and months, but it is not adapted for everybody's continued use. It is the same as with the starvation cure, which cures some patients, but is not fit to be used continually by the healthy. I have become richer by one experience, which has shown me that a single brutal fact can knock down the most beautiful theoretical structure." — *M. & S. Reporter.*

The Nerves of the Cornea.

Dr. Dogel has examined eyes which had been taken from the body from five to seventeen hours after death. The result of these examinations, as published in a Russian opthalmic review, was that he found the cornea provided with from sixty to eighty small nerve branches, some with and some without medulla, of which from twenty to thirty go to

the posterior or corneal surface, and from forty to fifty to the anterior. In these nerves a central filament and a peripheral axis cylinder substance may be distinguished. The central filament resolves itself into single nerve fibrillæ. Within the corneal parenchyma the nerves and their branches form a primary plexus. This primary plexus gives out secondary branches, called "rami perforantes," which form the sub-epithelial plexus and this again gives rise to still finer ramifications, forming an intra-epithelial plexus. The same nerve branch generally shares with its branches of the second order in the formation of all these plexuses. The nerve terminations in the epithelium are bulb-shaped, and form ganglions An especial thickness and zigzag course distinguish those filament which go to the stroma of the cornea. These also form a plexus. Each layer of the cornea has a separate plexus except the membrane of Descemet and the next layer, which have no nerve plexus. The author believes, in opposition to Kuhne and Waldeyer, that the nerves of the cornea have no sort of connection with its cells and corpuscles, but are merely situated between them.—*Lancet.*

Rapid Relief of Colic from Aconite.

A few nights ago I was hastily summoned to a lady who was in great pain. The patient, a spare married woman of nervo-bilious temperament, was rolling about the bed, evidently in great agony, and in a state of much mental as well as physical perturbation. The pain, which she described as if she would burst, was referred to the descending colon. The abdomen was not tympanitic, but the descending colon appeared puffed out, and there was fæcal matter at the sigmoid flexure. The patient is subject to attacks of incarcerated flatus, and has hitherto always taken Belladonna on her own account with marked relief and subsequent emission of flatus. In this instance it had failed to produce the usual effect.

I at once gave her five drops of Aconite 1x, and before I could resort to other measures, that is, in not more than two minutes, she looked at me in astonishment and said: "I can feel no pain, it has ceased." I was as much surprised as the patient herself.

The cessation of pain was not accompanied with, or followed by, any emission of flatus.

The patient passed a good night, sleeping well, and not needing a second dose of medicine.—*Dr. Wilde, in Month. Hom. Review.*

The Nutritive Value of Rectal Injections of Egg Albumin.

The assertions of Voit and Bauer and Eichhorst to the effect that egg albumin is absorbed by the rectum only in the presence of a certain proportion of chloride of sodium, but is returned unaltered with the fæces if this reagent be absent, has led Huber to investigate this point anew, and to make his observations on man, and not on dogs, as his predecessors had done. The experiments were planned with great care, and the quantity of albumin removed from the body, both by the urine and the fæces, was estimated. As the outcome of several series of experiments, the results of which show a great agreement, the author gives as his conclusion that egg albumin simply beaten up is absorbed by the rectum, but only in very small quantities, and consequently a nutrient enema of this kind possesses hardly any value. When, however, a certain amount of common salt is added (15 grains to each egg in the present series of experiments), the quantity of albumin absorbed is doubled. Peptonized egg albumin was absorbed in very slightly greater proportion than that treated with common salt, but of peptonized albumin with salt between sixty and seventy per cent. was absorbed, and we, therefore, have in this mixture an extremely valuable material for nutrient enemata.

In no case of Huber's were the enemata expelled; nor was albuminuria ever found to occur after their use.—*Med. and Surg. Reporter.*

Headaches of Childhood.

1. *The Headaches of Growth.*—They are frontal, exaggerated by work, coincident with pains of the joints, periosteum and cardiac hypertrophy. Treatment, muscular rest, tonics, good food, phosphate of lime, beer and malt.

2. *Headaches from Mental Strain.*—The children are either very intelligent and excitable, working very hard; or, on the contrary, they are those of late mental development, who have difficulty in pursuing their studies. Treatment, in the first class of cases, cessation of mental work, physical exercise of all descriptions without fatigue, and hydrotherapy. In the second class a moderate amount of mental and physical exercise.

3. *Headaches from Digestive Disturbances.*—In children who eat too often or too much, or too rapidly; appearing in from one too three

hours after a meal. Treatment, strict regulation of diet; one of the bitter tonics before meals; warm drinks after meals; treat the constipation.

4. *Nervous Headaches.*—This form is easily recognized; it includes the headaches of those that are irritated by their surroundings, persons as well as circumstances, our future neurasthenics, epileptics or hysterics. Treatment, short douches, exercise, massage.

5. *Rheumatic or Gouty Headaches.*—Are sometimes accompanied by intense congestive phenomena simulating meningitis. They are recognized by their hereditary antecedents by being associated with other pains; neuralgias, arthralgias, myalgias; the urine contains a great quantity of phosphates, oxalates and urates. Treatment, moderate feeding, exercise in the open air, Russian baths and rubbing.

6. *Headaches of Anæmia and Intoxication.*—In the first instance as the result of lack of fresh air, bad hygiene; in the second, by malaria, carbon monoxide, excessive medication (iodine, opium, digitalis, belladonna). Treatment, remove the cause.

7. *Headaches Produced by Lesions of the Nerves of Special Sense.*—In the eyes, chronic conjunctivitis and keratitis, to be treated locally and with large doses of quinine; troubles of refraction like hypermetropia and astigmatism to be relieved by proper glasses. In the nose, polyps, hypertrophy of the turbinated bones to be treated locally. In the ear, adenoid vegetations, otitis, foreign bodies in the external auditory meatus.

In dysentery, when the lower part of the colon is affected, the local use of ice sometimes has an almost marvellous effect. H. C. Wood has seen the whole aspect of a very severe and alarming case, in which the symptoms indicated that the colon was affected high up, changed in a single hour by the continuous use of *ice suppositories.* While it is not necessary to have the pieces of ice entirely regular in shape, care should be exercised that no sharp edges are left. The suppositories should be rapidly used, one being put into the rectum every three to five minutes, so as to get, for at least half an hour to an hour, the effect of the continuous application of cold. When the tenesmus is very severe, iodoform suppositories are often much more efficient than opium in bringing relief.

Surgical Measures in Senile Gangrene.

It is a well known fact that senile gangrene is characterized by special severity. As long as the gangrene is confined to one or two toes, we should abstain from surgical intervention, and wait for a line of demarkation to form. Local antiseptic measures and elevation of the limb are all that is required, and we are especially warned against the detachment of the gangrenous portions with the scissors and forceps, which tends to increase the inflammation. If the gangrene spreads to the dorsum or sole of the foot, we should adopt Hutchinson's recommendation and amputate at the thigh, making as small skin flap as possible. An extensive experience has shown that amputation below the knee in these cases is apt to be followed by gangrene of the flaps, which, if it does not lead to a fatal termination, renders a second operation necessary. If high amputation is deferred until the development of fever and suppuration the prognosis becomes the more unfavorable. While it is true that a successful result has sometimes been obtained by amputating below the knee, the weight of testimony is decidedly in favor of the high operation.—*Haidenhain.*

DR. WILL S. MULLINS, of Henderson, Ky., writes: In the March and May issues of the ERA there are articles on "diet in typhoid fever." Now, there are two sides to every question. Men run to extremes too often. In medical practice our best teacher, experience, doesn't give all the same lesson. At least just as great success attends some methods of procedure entirely different from ours. In 1881, from August until November, I attended thirty-seven cases of typhoid fever and lost only two cases, one a woman seventy-eight years old and the other from undue exposure after getting out of bed. Treatment consisted of the indicated remedy, and regular forced feediing and a cold bath twice a day, and turpentine and lard by inunction over the right iliac region. As Dr. Graves has said, "Let it be written on my tombstone, I fed fevers."

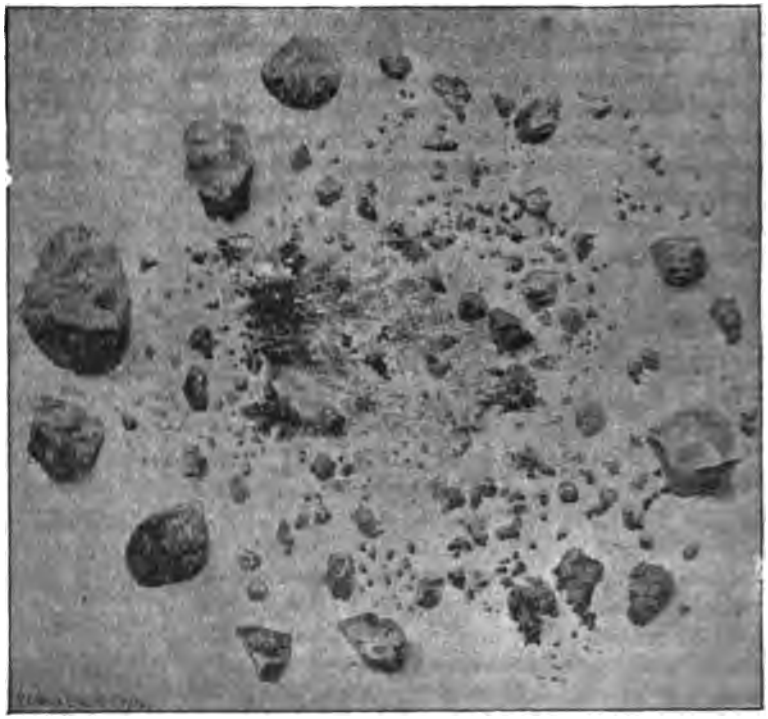
A monster magnet has been constructed at Willett's Point, N. Y., by winding eight miles of submarine cable around two cannons. These guns are 18 feet long, and stand 10 feet above the ground. A force of 25,000 pounds is required to pull off the armature.

Stone in the Bladder.

A year ago Mr. A., fifty-one years old, consulted me for an old-standing and intractable cystitis as he supposed and had been informed by two physicians. I suggested an exploration and readily detected a stone. It was a large one, and it was so hard that you could hear the click of the instrument in any part of my office. I advised that he should have an operation performed, but as his brother had died after same operation a few years previously, he was afraid and refused to consent. In view to palliate, I ordered him to drink one quart of Buffalo Lithia Water every day. Washing out the bladder once a day with the same, warm, a careful attention to diet and bowels, with gentle tonics. This treatment was faithfully kept up for nine months, when pus appeared in the urine and the operation could no longer be delayed. During the time he was under the treatment, large quantities of debris came away; some of the pieces were so large that it was only by great effort that they were passed via urethra. None of these were saved. The day before the operation, on the twentieth day of June, I examined him again, and the stone did not seem so large nor was the click so pronounced, though we could tell that there was a stone present by the grating as from a rough body. On the twenty-first, I did the left lateral operation, and after getting into the bladder I introduced the forceps, grasped the stone and pulling it away I found it was like a mass of putty filled with sand. It was sacculated and there was a quantity of pus in the viscus. With forceps, gouge, curette and fingers I finally got it all away. No part of it was so hard but that it could be crushed with very little effort between the fingers. After the fragments were allowed to dry they became hard.

The cut will illustrate better than I could tell how some of the mass looked, though a great deal of the finest particles were lost in the irrigation.

It will be noticed that there were very few large pieces, and these were so soft that they would drop to pieces on the slightest provocation. This friable quality showed me *why* I did not get so pronounced a sound at my second examination, nine months after the first. Had I known before I operated what I knew afterward, I would not have done it, but with a lithrotype I would have crushed it and washed it out, though I believe firmly that if I had



continued the treatment of the Buffalo Lithia Water a few weeks more the stone would have fallen to pieces. The outer segments were roughened, showing the disintegrating action of the water in dissolving it. I believe the case is unique in every particular, and shows the value of Buffalo Lithia Water so clearly that I thought it worth repeatiug. The patient made a complete recovery without an accident to mar it. The total weight of the pieces saved was 213 grains.—*Dr. J. J. Maxfield, in The Prescription.*

Anæsthesia by bromide of ethyl is rapidly induced—within half a minute from the time of administration—and its completeness may be estimated by raising the patient's arm; if the arm drops the operation is begun. The anæsthesia lasts from one to three minutès, and the quantity of the anæsthetic required varies from one to three drachms for children, and about double that amount for adults.

Two New Societies.

Two new local societies have recently been organized in this state. One of these is the Central Illinois Homœopathic Medical Society, composed of physicians of Champaign and the adjoining counties. The officers are:

Dr. P. S. Replogle, of Champaign, President; Dr. H. M. Mills, of Champaign, Vice-President; Dr. H. C. Burch, of Paxton, Secretary; Dr. F. S. Culter, Gibson City, Treasurer.

The district embraced consists of Champaign, Vermillion, Ford, DeWitt, Piatt and Douglas counties. Several of the branches of medicine are represented every month by the chairmen of the different bureaus. At the last meeting there were read the following papers: "Diphtheria," by Dr. Burch; "Poultices, Heat and Moisture," Dr. Shane; "Evil Results of Not Readily Diagnosing Heart Disease," by Dr. Replogle; "Normal Menstruation, Endometritis, Metrorrhagia, Diseases of the Cervix," by Dr. Haley and others; "Diseases of Children," by Dr. Abby G. Hall; a lengthy paper on "Bacteriology," by Dr. Morrison.

The other society referred to is the La Salle County Homœopathic Medical Society. The officers are:

Dr. J. B. Dunham, of Wenona, President; Dr. C. A. Weirick, of Marseilles, Secretary.

Papers were read by Dr. H. M. Bascom, of Ottawa, "Comparative Materia Medica;" "Preventive Medicine," by Dr. J. M. Walker, Washington; "Hip Joint Diseases and Treatment," by Dr. C. H. Long, of Pontiac; "Ear Diseases Caused by and Complicating La Grippe," by Dr. H. A. Millard, of Minonk; "Surgical Errors," by A. H. Hatton, of Peru; "Some Things Worth Remembering," by Dr. G. F. Coutant, of La Salle; "Clinical Medicine," by Dr. C. A. Weirick, of Marseilles, and "Antiseptic Midwifery," by J. B. Dunham, Wenona.

I WAS once called to see a boy, in consultation with a self-styled "regular." On arriving at the house I found the attending "regular," and asked him what the difficulty was, when he said the little boy had been playing with his penis, and had got into trouble. I asked him if it was phimosis or paraphimosis, and his answer was, "a little of both." Upon examination I found it a bad case of paraphimosis.—*Dr. W. T. Ball.*

SCIENTIFIC NOTES.

The distance of the horizon is governed by the height of the eye above the earth or sea. On the sea, with the eye at a height of five feet, the distance would be three miles; at sixty feet in height, ten miles.—*Scientific American.*

An invention of considerable importance in astronomy has been made at the Georgetown College Observatory. By means of an instrument called the photochronograph, a star is caused to record with absolute accuracy the time of its own transit across the meridian, thus eliminating all personal errors.

Savage races possess the perception of color to a greater degree than do civilized races. In a lecture lately delivered before the Franklin Institute, Philadelphia, Dr. L. Webster Fox stated that he had just concluded an examination of 250 Indian children, of whom 100 were boys. Had he selected 100 white boys from various parts of the United States, he would have found at least five of them color blind; among the Indian boys he did not discover a single case of color blindness.

Lake Urumian, in Persia, 4,100 feet above the sea, is, according to British Consul-General Stewart, at Tabriz, the saltest body of water on the earth, being salter than even the Dead Sea. It is eighty-seven miles long and twenty-four miles broad, and contains nearly twenty-two per cent. of salt. Its northern coasts are incrusted with a border of salt, glistening white in the sun. It is said that no living thing can survive in it, but a small species of jelly fish manages to maintain an existence in its waters.

Many have heard a series of rappings in their rooms, which imaginative people have concluded were spirit rappings, and which scientists have attributed to reasons scarcely less remarkable. One of our readers, Mr. A. Rossignol, chemist at Paris, has sent us, in a glass tube, two little insects which were taken in the act of making their nocturnal taps. They were found in a piece of heavy wrapping paper, but at opposite sides, and about 10 centimetres apart. They rapped loudly with the head by bending it in a sort of see-saw manner about six strokes per second, and the one insect answered when the other had finished.—*Paris La Nature.*

WORTH KNOWING.

In seven cases of men with lead poisoning their consorts miscarried eleven times in thirty-two pregnancies. In three of these cases abortion took place in close succession.

Pyrogallic acid in 1 per cent. strength will check the growth of the trichophyton, but has little effect on favus. Resorcin, calomel and corros. sublimate in small proportions prevent the growth of both parasites. Sulphur, chrysarobin and ichthyol have but little effect. Oily preparations have little or no effect.

Among new soaps may be specially mentioned a *menthol soap*, containing five per cent. of menthol. The local anæsthetic influence of menthol on the skin is well known, and the principal use of this soap will probably be found in lessening pruritus. Eichhoff cites some cases where cure resulted in pruritus senilis and pruritus genitalium.

It is always wise to recognize in every protracted case of localized and unerrant pain in the region of the stomach after taking food, continuing for any length of time, and especially when followed and relieved by vomiting, a possible gastric ulcer. Vomiting of blood, although a very important sign, as a matter of safe practice must not be looked upon as necessary for the diagnosis of the disease.

In a case of uncontrollable vomiting and nausea, occurring every two weeks, and lasting for several days at a time, there was cessation of menstruation, but no other symptom of pregnancy, and there was no evidence of uterine disease beyond a slight cervical endometritis, with glairy discharge. The nausea and vomiting were immediately and permanently relieved by the use of glycerine tampons, to which was added ten per cent. of ichthyol.—*Dr. A. H. Goelet.*

A new method of diagnosing tinea versicolor which has been found very useful is the *dye test.* For this purpose a weak solution of an aniline dye—gentian violet is the best—is painted on the pigmented area, and about it. If the disease is tinea versicolor, the parasite will take up the stain and the patch will become much darker, making the contrast with the healthy skin much more distinct. This dye will remain after a gentle sponging, which is not the case in chloasma.

By using only his own apparatus M. Marcy has succeeded in photographing the flight of insects, the exposure of the plate being necessarily not over 1-25,000 part of a second.

In the treatment of epilepsy, surgical means are only called for in the Jacksonian form and in traumatic cortical epilepsy. Kronlein lays special stress upon the point that if we would judge of the actual value of the operation a period of observation extending over years is required, since the course of epilepsy is variable, and the seizures are sometimes suspended for a long time by accidental factors which do not affect the crebral centres.

Iodoform is an excellent remedy in the treatment of burns. The blisters, if present, are pricked, and a silk thread soaked in corrosive sublimate solution run through them, and allowed to remain. The whole surface, no matter what the degree of burning, is coated thoroughly with a thick layer of vaseline containing 10 per cent. iodoform, and then covered with gutta-percha. The ointment is renewed daily. The pain is always very speedily lessened, and healing takes place in an eminently satisfactory manner, and quickly.

Most of the popular corn cures depend on the action of salicylic acid. Among the many therapeutic properties of this comparatively new remedy is its power to disintegrate epithelial tissues. It is usually combined with Cannabis Indica. Mix nine parts of salicylic acid with one part of extract of Cannabis Indica and forty-eight parts of collodion. This is applied to the corn every night with a camel's-hair brush. The foot should be clean before it is applied and the mixture permitted to thoroughly dry before it comes in contact with clothing.

If you want a sure, speedy action from your drugs, as if you gave them hypodermically, administer them in hot water; one-half the dose will have the effect. The reason is obvious. If the dose be given in hot water it is quickly absorbed, and the force of the drug thrown upon the system at once. Few people realize how long the dose will remain in the stomach if that viscus be chilled. Beaumont found that a glass of ice water stopped digestion for one hour. This method of administration is particularly suitable for the vegetable preparations, opiates, etc.

Photophobia associated with dilatation of the pupils is often observed in children suffering from bronchial catarrh which subsequently develops into whooping-cough, at a time long before there is anything sufficiently characteristic in the cough to permit of diagnosis. Some amount of conjunctivitis and "watering of the eyes" is not infrequent in the early stages of this malady, but the phenomena alluded to are quite distinct from, and occur earlier, than these manifestations.

In the treatment of fractures, to shorten the period of healing and improve the functional results avoid cold applications; make immediate reposition and maintain the fragments in the proper position. The early application of massage stimulates and accelerates callus-formation. If the latter process is sufficiently advanced that displacement of the fragments need no longer be apprehended, the bandages are either to be removed or else applied in such manner as to permit the employment of massage before the limb is used. Mechanical treatment employed at an early period is most calculated to prevent those complications of fractures which are apt to give rise to greater disturbance than would result from separation of the fragments; these are, above all, stiffness of the joints, and muscular atrophy.

In neurasthenic women, with painful backs, or with a hysterical complication, too much cannot be said for electricity. General and spinal galvanization and the static sparks are the specially efficient forms. General electrization is a decided mechanical tonic, and useful in almost all forms of neurasthenia; but it is more useful in cases in early life, in women, in the asthenic and in those with spinal pains. The combined galvanic and faradic current is especially useful. Electrical baths are not so good as baths and electricity given separately. Electrical treatment should be given three or four times weekly for about six weeks, then suspended. Massage has no special or curative value in neurasthenia, except as part of the rest-cure. Mildly used, it soothes and quiets many patients, and has a symptomatic use. Vigorous massage is injurious.—*Dr. C. L. Dana.*

It has been reckoned that if the whole ocean should be dried up, all water passing away in vapor, and amount of salt remaining would be enough to cover 5,000,000 square miles with a layer one mile thick.

COLLEGE NOTES.

CHICAGO.

HAHNEMANN MEDICAL COLLEGE.

Prof. Leavitt says:—In ninety-nine cases in one hundred, where there is persistent hemorrhage following abortion, it will be found that the after-birth, either whole or in part, still remains in the uterine cavity.

Prof. Ludlam says:—When you wish to have the uterus down for the purpose of examination or treatment, introdnce the sound and wait a few minutes. It will then be found that the cervix has come down two or three inches. If the contractions induced by the presence of the sound do not result in the descent of the uterus, it shows that this organ is held by attachments from cellulitis, cancer, or old peritonitis.

Prof. Crawford says:—Use Calendula as an application for the mucous membrane in cases of influenza. Use it very dilute and you will get the true homœopathic action of the drug.

KANSAS CITY.

HOMŒOPATHIC MEDICAL COLLEGE.

Prof. Elliott says:—I have observed in cases of continued labor of twenty-four to thirty-six hours, where a great amount of fat had been deposited in the vulva that by nature's dedication it nearly or quite went to the lubrication of the vaginal parietes.

In thin patients, giving birth to large infants, I have found the symphysis pubes separate over ¼ of an inch, and perfect restoration to health follow.

Prof. Brady says:—It has become nearly a routine practice with me to leave Cimicifuga 3x in half a glass of water, dose, a teaspoonful every hour, immediately after each confinement case.

In exhaustion from excessive parturient hemorrhage, I invariably use China 2x, and have saved patients that were so weak they could not lift a finger.

Prof. Hudson says:—While I believe in "Tissue Remedies" as so termed, I know we receive better results from prescribing the vegetable remedies that grow upon the soil, containing the apparently indicated salt or mineral. Nature's elaboration in vegetable first is more readily appropriated by the animal organism.

ST. LOUIS.

HOMŒOPATHIC MEDICAL COLLEGE.

Prof. Richardson presented a very interesting surgical case to his class.—The patient was married, was past 30 years of age and had never menstruated. Her general health was ordinarily good and it was her great desire for a child that brought her to the clinic. On examination it was found to be complete congenital atresia of the uterus. Prof. R. first made a slight incision in the mucous membrane closing the os uteri, then inserted a sound tearing apart the walls of the cervix. When he had reached the internal os he withdrew the sound, treated the uterus locally with Calendula glycerole and gave the patient Arnica 6x internally and sent her home. His assistant went to her home for several days and inserted the sound and continued the local application. No inflammation followed. The patient returned and this time Prof. Richardson inserted the sound to the fundus of the uterus, separating the adherent walls of the body, finding the organ about normal size. The patient is doing well. No inflammation or complications of any kind have set in, and the final results are awaited with interest.

Prof. Richardson says:—In a case of placenta prævia never loosen the placental mass on one side and deliver the child by the heels, for, as the cervix dilates and tears away the placenta piece-meal from the other side, there is sure to be hemorrhage. First insert the finger and detach the placenta all around as far up as it is possible to reach, then pierce the placental mass through the center with the finger, gradually enlarging the hole, and deliver through this aperture.

Prof. Reed says:—The difference between the sweat of Veratrum album and Arsenicum is that while they are both cold Verat. alb. *comes out cold*, and Arsen. gets cold *immediately after* it gets to the surface.

In spinal irritation Actea racemosa has the peculiar sensation of the arm bound to the body and Agaricus muscarius has a sensation of needles of ice being run into the skin.

Prof. Counselman says:—Ipecac is a splendid thing to give in intermittent fever after suppression by Quinine when there are no clear symptoms for any other remedy.

The most characteristic symptom of Aloes in dysentery is a sensation of insecurity of the sphincter ani and the passage of mucus in jelly-like masses, relieved by bending double, but made worse by hard pressure, owing to soreness of the abdominal walls.

Prof. Schott says—That the sub-acute is the most common form of gastritis; that the inflammatory process never involves the submucous tissue, and seldom the deeper structure of the mucous membrane. The surface of the stomach is always covered by an abundant coating of tenacious mucus, and one of the most common and distressing symptoms is the vomiting of this tenacious mucus. Digestion is greatly interfered with, because the gastric juice is diminished in quantity, and it is also mixed with more mucus, which interferes with the acidity.

Give Kali bichromicum for the bad effects of beer—"Brewer's vomit." Do not give Nux vomica, as is generally done. Don't persist in giving the patient food, but let the stomach have *absolute* rest. Give your remedy and correct the disorder, and then give food and the system can assimilate it.

Prof. Morgan says:—Bichloride of mercury sometimes coagulates the tissue about the walls of a sore, and forms a sort of leather that prevents healing. Stop the use of the Bichloride and nature will break this down and allow healing. Use warm water and Calendula instead.

Do not cover any abscess where there is a discharge of thick pus, with gauze. The gauze will absorb serum and blood, but not pus. It keeps the secretions pent up and the margins of the sore become soft and macerated. The proper way to treat such an abscess is: Protect the skin by rubbing vaseline over it, then a layer of gauze *around* the opening; over this and the opening itself put moistened jute. The large meshes readily absorb the thick discharge. Cover by rubber tissue to keep it moist. Get plain jute and medicate it to suit the case.

Prof. J. N. Minick says:—Although cerebral congestion may manifest itself in many different ways in different individuals, there is *always* the same mental introspection. Every sympton is exaggerated, and if one which the patient has suffered should be absent, he is dissatisfied until it makes its appearance again.

Recollect the two grand forms of cerebral congestion and treat accordingly. In the active type the force of circulation and the quantity of blood in the blood vessels of the brain are to be lessened. In the passive variety the force of the circulation is to be increased, and at the same time the accumulation of blood in the veins to be diminished.

CLEVELAND.

CLEVELAND MEDICAL COLLEGE.

Prof. Jones says:—The prevailing fault of our profession is the too frequent changing of remedies.

I have frequently told my patients that if they would keep the affected part constantly warm they would have no rheumatism.

It is a fact that in persons over forty, and especially in those over sixty years of age, bowel obstruction is, in a vast majority of cases, due to some malignant growth.

Mercurius corrosivus 3x, although the exact similimum in a given case of dysentery, will aggravate nine cases out of every ten; and Podophyllum peltatum 2x, will aggravate every case of infantile diarrhœa, even though it be exactly homœopathic to the case.

Prof. Jewitt says:—I have one patient who, when pregnant, always has toothache—about the only symptom she ever has. Sepia, 30x, controls it.

A six months' fœtus may live indefinitely. There is now living in this city a twelve-year-old, healthy, well-developed child that I delivered after a gestation of but six months. For many days after delivery it could scarcely be determined whether the child was living or dead. Its senses were all slow in developing,—much slower than in the average full-term child; and at the age of one year it was in no way so well developed as the average child of this age.

Prof. Viets says:—In the treatment of discharging ears avoid, as much as possible, the use of warm water, if you would prevent the growth of aural polypi and granulations. Absolutely no treatment whatever is better for such an ear than the daily syringing with warm water, so often practiced.

Prof. Schneider says:—In nine cases out of ten vaginismus is caused by carunculæ formed by the cicatrization of lacerated hymeneal membranes. The treatment for this condition is to remove the cause of the irritation; but vaginismus may continue even after the removal of these carunculæ,—it has simply become a habit: Now, this habit must be combatted, sometimes by the use of specula, Sims' plugs, or by forcible dilatation. But even this may not entirely relieve the case; it may be dependent upon and kept up by an anæmic condition of the system; here therapeutics come in, and Ferrum or China in some form and attenuation will be most serviceable.

Prof. Miller says:—In purulent inflammation, wherever occurring, evacuation is a cardinal principle; and you are responsible for the formation of secondary metastatic abscesses, or general pyæmia and consequent death, in this, that you did not properly care for the primary abscess.

Prof. Kraft says:—Sulphur is a hunter, a great searcher after weak organs and obscure conditions. Therefore, do not give Sulphur in threatened pulmonary tuberculosis. But when you are in doubt, after a careful study of your case, as to the indicated remedy; or, when carefully selected remedies fail to give their proper results, give Sulphur, bring the disease to the surface in its true character, and wipe it off with the then indicated similimum.

Prof. Viets' clinic:—Patient 57 years old; wears suitable glasses; no symptoms of inflammation; lachrymation,—tears running over upon the cheek, worse in open air and better in-doors; lower punctum closed. Diagnosis:—Stillicidium lachrymarum. Treatment:—Homœopathically selected, from totality of symptoms—the probe.

Prof. Baxter says:—The syphilitic poison is life-long in its effects. But Mercurius is a long acting remedy; and while many doubt the complete eradication of the syphilitic virus, I see no reason why so completely a Homœopathic remedy as this, if long enough continued, should not ultimately completely cure this terrible disease.

Dr. Spencer's clinic:—Lady 62 years old: erythematous eczema of upper part of body, face, head, neck and arms; had disease nearly all her life; especially severe for past four years,—the parts mentioned being one continuous dry, hardened, itching, burning, desquamating mass; has been for years in "Home for Incurables;" constipation has been a constant symptom. Treatment:—Locally, the application of Borax, dr. j. to the pint of hot water, to remove the desquamating epithelium, avoiding all irritation by rubbing or by use of coarse, harsh cloths. This was followed by daily applications of Diachylon ointment one part to Almond oil (sweet) two parts. Local treatment to be continued until inflammation subsided. Internally, Sulphur, 30x, was prescribed. Patient returned to clinic after two weeks so greatly relieved that she declared herself cured. Sulphur continued, and local treatment to be again resorted to upon the least return of acute inflammation.

NEW YORK.

HOMŒOPATHIC MEDICAL COLLEGE.

Prof. Allen says:—Apis and Rhus tox. produce serous exudation; with Rhus the exudation is apt to become purulent, whereas with Apis it does not.

Apis has high fever, drowsiness and stupor, usually an absence of thirst; the mental symptoms are of greatest importance.

In the early stage of diphtheria, when the tissues of the throat are of a clear red color, but look œdematous as if infiltrated, accompanied by stinging pains on swallowing and usually with characteristic mental symptoms, Apis is your best remedy.

In recurring fever of malarial type Gelsemium may be indicated if the head symptoms are present: headache, vertigo, blurred vision or diplopia. Stupor and prostration are usually present. Apis will come in when stupor, absence of thirst, stinging pains, soreness of the flesh are present, but no headache or vertigo.

Cantharis has been used efficaciously in the early stage of diphtheria; severe sore throat; the whole mouth and throat swollen and dry, with burning pain, like fire; sloughing and suppuration in throat.

In gonorrhœa, in men, where inflammation has extended back to the neck of the bladder, erections painful, and nothing else will allay, a few doses of Cantharis will quickly relieve the patient.

A chilly feeling running up the back accompanies the dysentery of Capsicum.

Crotalus as distinguished from other animal poisons, while it produces disorganization of the blood and tendency to hemorrhage, it produces hœmatogenous jaundice, not due to bile, but largely to the coloring matter of the blood, which, from its disorganization, colors the tissues.

All compounds of Muriatic acid with alkalines produce hard, crumbling stools.

In patients who are anæmic, cachectic, taking cold all the while, losing flesh, have cough with sharp pains in the chest, and emaciated, can not stay in a cold climate. They will have tuberculosis unless they take Kali carb. They should go to a warm climate.

Prof. Danforth says:—In the nephritis of pregnancy the amount of albumin in the urine is no criterion of the danger, but rather the quantity of urine voided in twenty-four hours, and other toxæmic symptoms.

CHICAGO.

HOMŒOPATHIC MEDICAL COLLEGE.

Prof. Tooker says:—The faradic current applied to the breast will increase the flow of milk. It will restore the flow when stopped by grief or anxiety.

Prof. Mitchell says:—Suspension in treatment of locomotor ataxia is gaining in favor. Some writers claim much for the treatment. They differ somewhat as to the mode, but the best results seem to be obtained by the chin and occiput suspension. Gelsemium or Rhus tox will allay the pain, and Picric acid is indicated for great muscular weakness.

Prof. Grosvenor says:—Chloroform properly administered is of great value in the lying-in room. The sequence of its action is such as to enable the physician to administer it so as not to interfere with the action of the involuntary muscles, and still obtain anæsthesia, thus relieving the pain, and in no way affecting parturition.

Prof. Woodward says:—Lycopodium should not be forgotten in the treatment of diabetes.

Prof. Stearns says:—The following powder can be used with beneficial results in the first stage of rhinitis to control the hyperæmia until the prescribed remedy restores the equilibrium between waste and supply of heat.

℞. Morphine.....grs. ij;
Pulv. Acacia.....ʒ ij;
Bismuth subnitrate.....ʒ ij. Mix.

The powder should be insufflated two or three times daily.

Prof. Kippax says:—Amyl nitrite given in two-drop doses will materially shorten a paroxysm of intermittent fever.

MINNEAPOLIS.

UNIVERSITY OF MINNESOTA.

Prof. Aldrich says:—I have found seborrhœa of the scalp to follow or be dependent on the use of vaseline in the form of pomades, etc., applied to the scalp for the relief of falling out of the hair, or as a dressing to make the hair lie smoothly. Petroleum in its potentized form is beneficial in this seborrhœa of the scalp, and I am of the same opinion as Dr. Cooper, of London, who has suggested that vaseline be proved, and thinks it would be beneficial in a tendency to impaction of cerumen, which condition he evidently considers to be seborrhœic in its nature.

Prof. Matchan says:—Fractures of the femur can be treated better without extension than with.

CLEVELAND.

HOMŒOPATHIC HOSPITAL COLLEGE.

Prof. J. C. Sanders:—From over thirty years' experience as an obstetrician, with the use of chloroform, my conviction is firm that its judicious use does not predispose to post-partum hemorrhage. Its abuse, or rather its surgical use, doubtless would. It should never be used prior to attained dilatation, except when the incomplete dilatation is wholly spasmodic and not structural rigidity; and it should be instantly withdrawn on the birth of the head, if the head is leading, or on the delivery of the breech, if this leads. It would be justified in the third stage, *only* in the case of hour-glass contraction. I have never had to do with a case of post-partum hemorrhage that I was convinced was rightly attributable to the anæsthetic.

Prof. Hall:—Be careful not to diagnose hypertrophy of the middle turbinated as polypus; this is often done.

In your examination of the nose do not neglect to pass the probe through to the posterior nares.

The cause of a great many cases of chronic rhinitis can be traced to a deviated septum. Crowding the septum over with the finger, and holding it there, is the proper thing to do in many cases of deviation. Instruct the patient to do this. It is your duty.

Prof. Pomeroy:—Ninety-five per cent of all cases of obstetrics are vertex presentation, and ninety-nine per cent of all vertex presentations are of the first position.

Prof. Ellis:—Equisetum hyemale in drop doses for enuresis of unknown cause.

Prof. Biggar—Has coined the word "Gynopathy." He thinks it far preferable to gynecology in speaking of the diseases of women, it being a specializing term, while gynecology is a general one. Gynecology is often used where it does not express the meaning desired, being too general.

Epithelioma of gums, Ranunculus bulbosus.

Picric acid in locomotor ataxia.

For intestinal catarrh, drink tar water.

For bilious colic, use Dioscorea and hot milk.

Sweet oil for constipation in malignant disease of the intestinal tract.

Gelsemium followed by Iodide of arsenic, for Grippe. Iodide of arsenic needs dilution; drink water with it.

For morning diarrhœa, lack of confidence in sphincter, use Podophyllum 200x; one dose each morning.

Salix niger in spermatorrhoea.

Prof. Baker:—Cold compress on the eyes in measles not only has a soothing effect but avoids the frequent affection of the eyes due to that disease.

Prof. Phillips:—The drum-head is really not so much an aid to hearing as is generally supposed; for if it were entirely removed, with no other changes occurring, the hearing power would be but very little impaired. It appears to be rather more a protection to the tympanic cavity than an organ of hearing—all of which is proven clinically by the fact that in some rare instances suppurative destruction of the drum-head is not followed by marked inflammatory changes in the middle ear, and hence the secondary drum-head over the foramen ovalis is not thickened and responds directly to the vibrations of air. The same conclusion can be shown mathematically.

Prof. Eggleston:—Aconite is often preferable to Veratrum album to stimulate reaction.

Never give Mercurius in pregnancy unless absolutely forced to.

Cantharis, externally, is one of the best topical applications for erysipelas.

In one hundred cases I have failed but twice to remove warts with one dose Thuya 1000x, or two doses one week apart. The warts disappear in from two to three months.

A sighing expiration always indicates brain trouble, in nervous diseases.

Prof. Bishop:—In chronic urethritis and in the latter part of the acute stage a most successful form of treatment is the use of an irrigating dilator, irrigating with 1–10000 Bichloride of mercury.

Mr. Stanley, in his "Darkest Africa," gives Emin Pasha as authority for the statement that the chimpanzees, which visit the plantations of Mswa station at night to steal the fruit, use torches to light the way. "Had I not witnessed this extraordinary spectacle personally," said Emin, "I should never have credited that any of the simians understood the art of making fire. One of these same chimpanzees stole a native drum from the station, and went away pounding merrily on it. They evidently delight in that drum, for I have frequently heard them rattling away at it in the silence of the night."

CORRESPONDENCE.

To the Editor of The Medical Era.—In the July number of your ever welcome journal I read with interest your editorial on "Reciprocity in Medicine." The Illinois State Board of Health is certainly in the lead in a matter that should be agitated and passed upon by every state and territory in the Union. It's a duty of self-protection the members of the medical profession of this country owe to themselves.

There are many young physicians coming to this country from Europe every year who find no barrier to their locating just where they please. When I was abroad in '89, I met a number of young physicians who were coming to locate in the U. S. A., and, on being questioned, said that at home it was very slow for a young physician to start; that until they have had a good number of years' experience they were considered as just out of college, and the older doctors took all of the paying practice, while if they came to the "States" they could enjoy a good practice from the start, and if, after five or ten years, they wished to return, they would then be recognized as a physician of *experience*. It is plain to see how this gives foreign graduates a great advantage over us. Their diplomas have been recognized as good in every state of the Union, and they can come and go at will. But suppose one of our physicians wishes to locate anywhere in Europe. I don't know of a single country where they will recognize a diploma from here and give the physician a right to practice. He must commence as a student and graduate at one of their colleges.

Through many of those countries, especially Scotland and England, there are fine openings for physicians of experience, and on account of the change in climate, etc., the United States would be well represented if all the states would be harmonious in bringing about a reciprocity in medicine.

Yours Very Truly,

J. H. Hallock, M. D.

Syracuse, N. Y., Nov. 9, 1891.

It is said that Mr. Lawson Tait has barred his doors to all American physicians because of some criticisms of his methods made by Dr. Senn, of Chicago, which grated upon Mr. Tait's refined sensibilities.

BOOK NOTICES.

Stories of a Country Doctor.—By Willis P. King, M. D., First Vice-President of American Medical Association; ex-President of Missouri State Medical Association. Freely illustrated. $1.00 in cloth. Philadelphia: Hummel & Parmele.

The story told by Dr. King is as fresh as a breeze from the prairies. The book is really valuable, and years hence, when the peculiar people who settled the southwest have all passed away, it will afford a glimpse of the early life of our country which will be interesting, and true to nature. Withal, the book is very amusing and entertaining, and well repays perusal.

Mental Suggestion.—By Dr. J. Ochorowicz, sometime Professor Extraordinarius of Psychology and Natural Philosophy in the University of Lemberg. Four double numbers of the Humboldt Library. Price $1.20. The Humboldt Publishing Co., 19 Astor Place, New York. 1891.

The author of this work, after having for many years been an unbeliever, is at last converted to a faith in "Mental Suggestion," and his faith now knows no bounds. We prefer to adopt a course of wise precaution, and await demonstration. He taxes human credulity too much.

Littell's Living Age for 1892. *The Living Age* has had a remarably successful career of nearly 50 years. There could be no stronger proof that it meets a decided and continued want of the reading public. It grows in value as its years increase, and as periodicals of all sorts multiply. It is unrivalled in its field, and easily enables its readers to keep abreast with the best thought and literature of the day. Its prospectus for 1892 is well worth attention in selecting one's reading matter for the new year. Reduced clubbing-rates with other periodicals are given, and to new subscribers remitting now for the year 1892, the intervening numbers are sent *gratis*. Littell & Co., Boston, are the publishers.

Word has been received that Dickinson's "Practice," Breyfogle's "Epitome," and "How to Feed the Sick" have been sent to G. Thornsteinsson. Also, our esteemed contemporary, the *H. M.*, has put his name on their mailing list.

THE MEDICAL ERA

CHICAGO.

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Change of address cannot be made unless the old address, as well as the new, is given.

PERSONALS.

DR. A. R. WHEELER, of St. Louis, Mich., was married November 19, to Miss Helen Elwell.

DR. N. B. DELAMATER, we regret to have to announce, is confined to his house on account of illness.

DR. WM. G. WILLARD has moved his residence to 643 Washington boulevard. His office is still at 565 Madison street.

DR. J. I. GREENLEAF has assumed the position of medical superintendent of the Glenmary Home, the flourishing Homœopathic Hospital of Owego, N. Y.

DR. E. A. GUILBERT, of Dubuque, Ia., chairman of the State Board of Health, in the Biennial Report of the Board has a thoughtful paper on "Needed School Reforms."

DR. N. EMMONS PAINE, of the Westboro Mass., Hospital for the Insane, has made another splendid record for the year, to which the Springfield *Republican* devotes much editorial space.

DR. DEWITT G. WILCOX, of Buffalo, has opened a private hospital for the reception of patients, a cheerful and homelike house, elegantly furnished, and fitted with all modern conveniences. The nursing is done under the training-school system, and patients may be assured of the best of care and the most skilful medical and surgical treatment.

MR. JOHN F. MINES, of New York, one of the "graduates" of the famous Keeley institute, so-called, of Dwight, Ill., died of delirium tremens, following a protracted "spree" last month. It was Mr. Mines who furnished to the *North American Review* a paper extolling the virtues of the Keeley method, and he had been one of its most active champions.

Chicago Academy of Homœopathic Physicians and Surgeons.

At the latest meeting of the Academy, Dr. R. N. Tooker read a paper on "Bicycling for Girls." The essayist recommended the use of the wheel as a most healthful and invigorating exercise for the gentler sex.

A committee composed of Drs. J. H. Buffum, W. F. Knoll, and L. C. Grosvenor was appointed to arrange for the Academy's representation at the World's Fair.

American Health Resort Association.

This new society held its first meeting at the Grand Pacific Hotel, October 27, with a large attendance. Dr. T. C. Duncan is president; Mr. A. W. Chatterton, secretary.

VINOLIA SOAP, made by Bloudeau et Cie, contains no excess of alkali, and is recommended as a superior article for the toilet, nursery and bath.

PARKE, DAVIS & Co. claim that their facilities for securing the highest quality of drugs and their preparations are unequalled. They guarantee every unopened package from their laboratory absolutely as represented.

REED & CARNRICK have issued a little book entitled "An Abstract of Symptoms," containing the latest dietetic treatment of various diseased conditions. It also contains directions for the use of Kymysgen, their new substitute for Kumyss, which the profession is using so widely.

"I HAVE had occasion to test the value of malted milk especially in typhoid fever, and have had the best of results, the patients taking no other nourishment during an attack. Malted milk has three characteristics which I have been unable to find in other foods; it is nourishing, palatable and easily digested." E. DeBaum, M. D., Newark, N. J.

For Sale.—A few well-made Black Walnut Cases for the Drs. Hoffman and Palmer Electric Baths, have been left on my hands and will be sold at a reduced price. Address J. J. Schellkopf (cabinet maker), Fremont, Ohio.

FREE SITES FOR SANITARIUMS.

In Nature's Great Sanitarium, Northeastern New Mexico, given to responsible parties under reasonable conditions.

COMMERCIAL CLUB,
East Las Vegas, N. M.

THEY SAY

THAT experience was never meant for fools.

THAT the best breast-developer is a new baby.

THAT habit is a good friend, but a bad enemy.

THAT vices and virtues are very close neighbors.

THAT the average duration of life is thirty-three years.

THAT it is not work, but worry, mental unrest, that kills.

THAT in the world there is one death to each second of time.

THAT true faith never goes home till it gets what it is after.

THAT there are nearly a dozen substances more costly than gold.

THAT justice winks at her favorites, and yet claims to be blind.

THAT it is generally the stale bread that is cast upon the waters.

THAT a good many self-made men get tired before the job is finished.

THAT, all things considered, it is best for a man to have a big foot.

THAT there are about fifteen hundred million human beings on earth.

THAT double entry was first used when the animals went into the ark.

THAT burlesque actresses this season will wear nothing but divorce suits.

THAT it is better not to know so much than to know so much that isn't so.

THAT we should always forgive our enemies—especially those we can't whip.

THAT it is unfortunate that man's bump of caution is on the back of his head.

THAT "We must have an organ to support us," as the dago said to the monkey.

THAT there are plenty of people placed between the devil and the deep sea, but very few are drowned.

THAT an hour-glass is made smallest in the middle to show the waist of time.

THAT when a self-made man gets drunk he imagines that elephants are mice.

THAT twice in life we are proud of our years—in early youth and in extreme age.

THAT time softens all things; but a railroad sandwich is not included in the list.

THAT some men have a great art of expressing their meaning by what they don't say.

THAT the only way to get a stubborn person to seek heaven is to try to keep him out.

THAT displacement of the uterus is almost the sole cause of the vomiting of pregnancy.

THAT if an alligator could talk, it would probably declare that it had a very small mouth.

THAT some men take a rest as if they were taking something that didn't belong to them.

THAT the man who is proud of his learning should consider that most of it is second-hand.

THAT the first thing a man does after he has patted you on the back is to turn his own back to be patted.

THAT people are always ready to applaud when another fellow's uncle leaves all his money to charity.

THAT green boughs of the eucalyptus tree are recommended to be hung in the room of scarlet fever patients.

THAT it's bad enough to bite off more than you can chew, but the real struggle comes when you try to chew it.

THAT if you are inclined to wonder at the number of maladies in the world, you should count the cooks.

THAT the presence of the circus poster excites the small boy to deeds of daring and lands him in the hospital cot.

THAT when alcohol and water are mixed the combined volume is less than the sum of the two separate liquors.

NB480